

---

<b>State:</b>	Illinois	<b>Filing Company:</b>	ACE American Insurance Company
<b>TOI/Sub-TOI:</b>	11.0 Medical Malpractice - Claims Made/Occurrence/11.0029 Other		
<b>Product Name:</b>	12-MR-2009793(R)		
<b>Project Name/Number:</b>	Allied Healthcare - Individuals Program Filing /12-MR-2009793(R)		

## Filing at a Glance

Company:	ACE American Insurance Company
Product Name:	12-MR-2009793(R)
State:	Illinois
TOI:	11.0 Medical Malpractice - Claims Made/Occurrence
Sub-TOI:	11.0029 Other
Filing Type:	Rate/Rule
Date Submitted:	05/18/2012
SERFF Tr Num:	ACEH-128043478
SERFF Status:	Closed-Filed
State Tr Num:	ACEH-128043478
State Status:	
Co Tr Num:	12-MR-2009793(R)
Effective Date	On Approval
Requested (New):	
Effective Date	On Approval
Requested (Renewal):	
Author(s):	Viola McBride, Jonathan Little
Reviewer(s):	Gayle Neuman (primary)
Disposition Date:	08/29/2012
Disposition Status:	Filed
Effective Date (New):	
Effective Date (Renewal):	
State Filing Description:	
	routed 6/29/12

**State:** Illinois **Filing Company:** ACE American Insurance Company  
**TOI/Sub-TOI:** 11.0 Medical Malpractice - Claims Made/Occurrence/11.0029 Other  
**Product Name:** 12-MR-2009793(R)  
**Project Name/Number:** Allied Healthcare - Individuals Program Filing /12-MR-2009793(R)

## General Information

Project Name: Allied Healthcare - Individuals Program Filing Status of Filing in Domicile:  
Project Number: 12-MR-2009793(R) Domicile Status Comments:  
Reference Organization: Reference Number:  
Reference Title: Advisory Org. Circular:  
Filing Status Changed: 08/29/2012  
State Status Changed: Deemer Date:  
Created By: Viola McBride Submitted By: Viola McBride  
Corresponding Filing Tracking Number: 12-MR-2009793(F)

### Filing Description:

ACE American Insurance Company has an Allied Healthcare Professional and General Liability Insurance Program approved for use in your state. That program is designed to address the liability insurance needs of entities. We are now filing to introduce a new program, Health Care and Allied Professional and Supplemental Liability Insurance Program, which offers professional and general liability coverage for allied healthcare practitioners working as solo practitioners or in groups of up to six covered practitioners in the classes specified in the Program Rules. Coverage will be offered on both an occurrence and claims-made basis.

This filing introduces the rates for the new program. A companion forms filing is submitted under separate cover.

We request approval at the earliest possible effective date.

## Company and Contact

### Filing Contact Information

Viola McBride, Filing Technician viola.mcbride@acegroup.com  
436 Walnut Street 215-640-5238 [Phone]  
WB04G 215-640-4986 [FAX]  
Philadelphia, PA 19106

### Filing Company Information

ACE American Insurance Company	CoCode: 22667	State of Domicile:
PO Box 1000	Group Code: 626	Pennsylvania
436 Walnut Street	Group Name:	Company Type:
Philadelphia, PA 19106	FEIN Number: 95-2371728	State ID Number:
(215) 640-5123 ext. [Phone]		

## Filing Fees

Fee Required? No  
Retaliatory? No  
Fee Explanation:  
Per Company: No

**State:** Illinois **Filing Company:** ACE American Insurance Company  
**TOI/Sub-TOI:** 11.0 Medical Malpractice - Claims Made/Occurrence/11.0029 Other  
**Product Name:** 12-MR-2009793(R)  
**Project Name/Number:** Allied Healthcare - Individuals Program Filing /12-MR-2009793(R)

Company	Amount	Date Processed	Transaction #
ACE American Insurance Company	\$0.00		

## State Specific

Refer to our checklists prior to submitting filing ([http://www.idfpr.com/DOI/Prop\\_Cas\\_IS3\\_Checklists/IS3\\_Checklists.htm](http://www.idfpr.com/DOI/Prop_Cas_IS3_Checklists/IS3_Checklists.htm)):

Acknowledged

Refer to our updated (04/06/2007) SERFF General Instructions prior to submitting filing. They have been updated to clarify what rates and rules are required to be filed as well as what rates and rules are not required to be filed. Also, the "Product Name" is the Filing Title and not the Project Number.: Acknowledged

NO RATES and/or RULES ARE REQUIRED TO BE FILED FOR LINES OF COVERAGE SUCH AS COMMERCIAL AUTO (except taxicabs), BURGLARY AND THEFT, GLASS, FIDELITY, SURETY, COMMERCIAL GENERAL LIABILITY, CROP HAIL, COMMERCIAL PROPERTY, DIRECTORS AND OFFICERS, ERRORS AND OMISSIONS, COMMERCIAL MULTI PERIL just to mention a few. However, a Summary Sheet (RF-3) is required to be filed. Please refer to the State Specific Field below for what rates/rules are required to be filed and to our checklists for specific statutes, regulations, etc. :

[http://www.idfpr.com/DOI/Prop\\_Cas\\_IS3\\_Checklists/IS3\\_Checklists.htm](http://www.idfpr.com/DOI/Prop_Cas_IS3_Checklists/IS3_Checklists.htm): Acknowledged

Medical Malpractice rates/rules may only be submitted in paper.: Acknowledged

The only rates and/or rules that are required to be filed are Homeowners, Mobile Homeowners, Dwelling Fire and Allied Lines, Workers' Compensation, Liquor Liability, Private Passenger Automobiles, Taxicabs, Motorcycles and Group Inland Marine Insurance which only applies to insurance involving personal property owned by, being purchased by or pledged as collateral by individuals, and not used in any business, trade or profession per Regulation Part 2302 which says in part, "each company shall file with the Director of Insurance each rate, rule and minimum premium before it is used in the State of Illinois.":

Acknowledged

When selecting a form filing type for a multiple form filing, use the dominant type from these choices: APP - application; CER - certificate; COF - coverage form; DPS - declaration page; END - endorsement; POJ - policy jacket; ORG - Companies adopting an Advisory or Rating Organization's filing. Example: If you are submitting a policy as well as endorsements, a declaration page and an application, you would select "POL" for policy.: Acknowledged

<b>State:</b>	Illinois	<b>Filing Company:</b>	ACE American Insurance Company
<b>TOI/Sub-TOI:</b>	11.0 Medical Malpractice - Claims Made/Occurrence/11.0029 Other		
<b>Product Name:</b>	12-MR-2009793(R)		
<b>Project Name/Number:</b>	Allied Healthcare - Individuals Program Filing /12-MR-2009793(R)		

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed	Gayle Neuman	08/29/2012	08/29/2012

## Objection Letters and Response Letters

### Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Gayle Neuman	06/21/2012	06/21/2012
Pending Industry Response	Gayle Neuman	06/21/2012	06/21/2012
Pending Industry Response	Gayle Neuman	06/20/2012	06/20/2012
Pending Industry Response	Gayle Neuman	06/14/2012	06/14/2012
Pending Industry Response	Gayle Neuman	06/14/2012	06/14/2012
Pending Industry Response	Gayle Neuman	05/30/2012	05/30/2012

### Response Letters

Responded By	Created On	Date Submitted
--------------	------------	----------------

<b>State:</b>	Illinois	<b>Filing Company:</b>	ACE American Insurance Company
<b>TOI/Sub-TOI:</b>	11.0 Medical Malpractice - Claims Made/Occurrence/11.0029 Other		
<b>Product Name:</b>	12-MR-2009793(R)		
<b>Project Name/Number:</b>	Allied Healthcare - Individuals Program Filing /12-MR-2009793(R)		

## Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Effective Date	Note To Reviewer	Viola McBride	08/29/2012	08/29/2012
effective date	Note To Filer	Gayle Neuman	08/29/2012	08/29/2012
status	Note To Filer	Gayle Neuman	08/21/2012	08/21/2012
Status Request	Note To Reviewer	Viola McBride	08/21/2012	08/21/2012
extension	Note To Filer	Gayle Neuman	06/14/2012	06/14/2012
Extension Request	Note To Reviewer	Viola McBride	06/13/2012	06/13/2012

<b>State:</b>	Illinois	<b>Filing Company:</b>	ACE American Insurance Company
<b>TOI/Sub-TOI:</b>	11.0 Medical Malpractice - Claims Made/Occurrence/11.0029 Other		
<b>Product Name:</b>	12-MR-2009793(R)		
<b>Project Name/Number:</b>	Allied Healthcare - Individuals Program Filing /12-MR-2009793(R)		

## Disposition

Disposition Date: 08/29/2012  
Effective Date (New): 10/01/2012  
Effective Date (Renewal): 10/01/2012  
Status: Filed  
Comment:

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
ACE American Insurance Company	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

---

**State:** Illinois **Filing Company:** ACE American Insurance Company  
**TOI/Sub-TOI:** 11.0 Medical Malpractice - Claims Made/Occurrence/11.0029 Other  
**Product Name:** 12-MR-2009793(R)  
**Project Name/Number:** Allied Healthcare - Individuals Program Filing /12-MR-2009793(R)

---

## Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	06/21/2012
Submitted Date	06/21/2012
Respond By Date	06/28/2012

---

Dear Viola McBride,

**Introduction:**

*This is to acknowledge receipt of your filing. Your submission is not acceptable for filing in Illinois due to the following reasons:*

*Now that we have the issue addressed, under the Part Time rule you have paragraphs a, c and d. I was hoping you would catch that before responding.*

**Conclusion:**

*Sign up to get e-mail notification for updates to the Department's website. <http://insurance.illinois.gov/RSS/>*

*Please refer to the appropriate Property Casualty IS3 Review Requirements Checklist before submitting any filing. The checklists are available at the Department's Web site or at the following link:*

*[http://insurance.illinois.gov/Prop\\_Cas\\_IS3\\_Checklists/IS3\\_Checklists.asp](http://insurance.illinois.gov/Prop_Cas_IS3_Checklists/IS3_Checklists.asp)*

*Please submit compliant form(s) no later than the date shown above or the entire filing may be disapproved. Please be advised that when the Director disapproves the form(s) you must immediately cease using the form(s) in Illinois.*

*Please give this matter your immediate attention. If you have any question regarding this filing please feel free to contact me.*

*Sincerely,*

*Gayle Neuman*

---

**State:** Illinois **Filing Company:** ACE American Insurance Company  
**TOI/Sub-TOI:** 11.0 Medical Malpractice - Claims Made/Occurrence/11.0029 Other  
**Product Name:** 12-MR-2009793(R)  
**Project Name/Number:** Allied Healthcare - Individuals Program Filing /12-MR-2009793(R)

---

## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	06/28/2012
Submitted Date	06/28/2012

---

Dear Gayle Neuman,

**Introduction:**

We are responding to your comments, dated 06/21/12.

**Response 1**

**Comments:**

We have attached corrected state exceptions pages, to address your comments.

**Changed Items:**

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

**Conclusion:**

Thank you.

Sincerely,

Viola McBride



---

**State:** Illinois **Filing Company:** ACE American Insurance Company  
**TOI/Sub-TOI:** 11.0 Medical Malpractice - Claims Made/Occurrence/11.0029 Other  
**Product Name:** 12-MR-2009793(R)  
**Project Name/Number:** Allied Healthcare - Individuals Program Filing /12-MR-2009793(R)

---

## Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	06/21/2012
Submitted Date	06/21/2012
Respond By Date	06/28/2012

---

Dear Viola McBride,

**Introduction:**

*This is to acknowledge receipt of your filing. Your submission is not acceptable for filing in Illinois due to the following reasons:*

*Paragraph b still indicates the part time rate does not provide full coverage. I don't even see the need for paragraph b - the other paragraphs could be listed as a through c.*

**Conclusion:**

*Sign up to get e-mail notification for updates to the Department's website. <http://insurance.illinois.gov/RSS/>*

*Please refer to the appropriate Property Casualty IS3 Review Requirements Checklist before submitting any filing. The checklists are available at the Department's Web site or at the following link:*

*[http://insurance.illinois.gov/Prop\\_Cas\\_IS3\\_Checklists/IS3\\_Checklists.asp](http://insurance.illinois.gov/Prop_Cas_IS3_Checklists/IS3_Checklists.asp)*

*Please submit compliant form(s) no later than the date shown above or the entire filing may be disapproved. Please be advised that when the Director disapproves the form(s) you must immediately cease using the form(s) in Illinois.*

*Please give this matter your immediate attention. If you have any question regarding this filing please feel free to contact me.*

*Sincerely,*

*Gayle Neuman*

---

**State:** Illinois **Filing Company:** ACE American Insurance Company  
**TOI/Sub-TOI:** 11.0 Medical Malpractice - Claims Made/Occurrence/11.0029 Other  
**Product Name:** 12-MR-2009793(R)  
**Project Name/Number:** Allied Healthcare - Individuals Program Filing /12-MR-2009793(R)

---

## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	06/21/2012
Submitted Date	06/21/2012

---

Dear Gayle Neuman,

**Introduction:**

We are responding to your comments, dated 06/21/12.

**Response 1**

**Comments:**

We have attached revised state exceptions pages, which address your concerns.

**Changed Items:**

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

**Conclusion:**

Thank you.

Sincerely,

Viola McBride

---

**State:** Illinois **Filing Company:** ACE American Insurance Company  
**TOI/Sub-TOI:** 11.0 Medical Malpractice - Claims Made/Occurrence/11.0029 Other  
**Product Name:** 12-MR-2009793(R)  
**Project Name/Number:** Allied Healthcare - Individuals Program Filing /12-MR-2009793(R)

---

## Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	06/20/2012
Submitted Date	06/20/2012
Respond By Date	06/27/2012

---

Dear Viola McBride,

**Introduction:**

*This is to acknowledge receipt of your filing. Your submission is not acceptable for filing in Illinois due to the following reasons:*

*In regard to the Part Time coverage issue, only the first paragraph of this section was removed and replaced. However, subsections b and d also reference the reduced/restricted coverage issue.*

**Conclusion:**

*Sign up to get e-mail notification for updates to the Department's website. <http://insurance.illinois.gov/RSS/>*

*Please refer to the appropriate Property Casualty IS3 Review Requirements Checklist before submitting any filing. The checklists are available at the Department's Web site or at the following link:*

*[http://insurance.illinois.gov/Prop\\_Cas\\_IS3\\_Checklists/IS3\\_Checklists.asp](http://insurance.illinois.gov/Prop_Cas_IS3_Checklists/IS3_Checklists.asp)*

*Please submit compliant form(s) no later than the date shown above or the entire filing may be disapproved. Please be advised that when the Director disapproves the form(s) you must immediately cease using the form(s) in Illinois.*

*Please give this matter your immediate attention. If you have any question regarding this filing please feel free to contact me.*

*Sincerely,*

*Gayle Neuman*

---

**State:** Illinois **Filing Company:** ACE American Insurance Company  
**TOI/Sub-TOI:** 11.0 Medical Malpractice - Claims Made/Occurrence/11.0029 Other  
**Product Name:** 12-MR-2009793(R)  
**Project Name/Number:** Allied Healthcare - Individuals Program Filing /12-MR-2009793(R)

---

## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	06/21/2012
Submitted Date	06/21/2012

---

Dear Gayle Neuman,

**Introduction:**

We are responding to your comments, dated 06/20/12.

**Response 1**

**Comments:**

We have attached revised IL state Exceptions pages, which address your concerns.

**Changed Items:**

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

**Conclusion:**

Thank you.

Sincerely,

Viola McBride

---

**State:** Illinois **Filing Company:** ACE American Insurance Company  
**TOI/Sub-TOI:** 11.0 Medical Malpractice - Claims Made/Occurrence/11.0029 Other  
**Product Name:** 12-MR-2009793(R)  
**Project Name/Number:** Allied Healthcare - Individuals Program Filing /12-MR-2009793(R)

---

## Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	06/14/2012
Submitted Date	06/14/2012
Respond By Date	06/21/2012

---

Dear Viola McBride,

**Introduction:**

*This is to acknowledge receipt of your filing. Your submission is not acceptable for filing in Illinois due to the following reasons:*

*The country wide rules in regard to the Part Time discount indicates "restricted coverage". The endorsement provided is allowable, but mentions nothing about somehow restricting coverage. I understand that to receive the part time discount an insured should only be working 24 or fewer hours a week. But that does not restrict the coverage.*

**Conclusion:**

*Sign up to get e-mail notification for updates to the Department's website. <http://insurance.illinois.gov/RSS/>*

*Please refer to the appropriate Property Casualty IS3 Review Requirements Checklist before submitting any filing. The checklists are available at the Department's Web site or at the following link:*

*[http://insurance.illinois.gov/Prop\\_Cas\\_IS3\\_Checklists/IS3\\_Checklists.asp](http://insurance.illinois.gov/Prop_Cas_IS3_Checklists/IS3_Checklists.asp)*

*Please submit compliant form(s) no later than the date shown above or the entire filing may be disapproved. Please be advised that when the Director disapproves the form(s) you must immediately cease using the form(s) in Illinois.*

*Please give this matter your immediate attention. If you have any question regarding this filing please feel free to contact me.*

*Sincerely,*

*Gayle Neuman*

---

**State:** Illinois **Filing Company:** ACE American Insurance Company  
**TOI/Sub-TOI:** 11.0 Medical Malpractice - Claims Made/Occurrence/11.0029 Other  
**Product Name:** 12-MR-2009793(R)  
**Project Name/Number:** Allied Healthcare - Individuals Program Filing /12-MR-2009793(R)

---

## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	06/20/2012
Submitted Date	06/20/2012

---

Dear Gayle Neuman,

**Introduction:**

We are responding to your comments, dated 06/14/12.

**Response 1**

**Comments:**

We have attached revised state amendatory pages.

**Changed Items:**

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

**Conclusion:**

Thank you.

Sincerely,

Viola McBride

---

**State:** Illinois **Filing Company:** ACE American Insurance Company  
**TOI/Sub-TOI:** 11.0 Medical Malpractice - Claims Made/Occurrence/11.0029 Other  
**Product Name:** 12-MR-2009793(R)  
**Project Name/Number:** Allied Healthcare - Individuals Program Filing /12-MR-2009793(R)

---

## Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	06/14/2012
Submitted Date	06/14/2012
Respond By Date	06/28/2012

---

Dear Viola McBride,

**Introduction:**

*This is to acknowledge receipt of your filing. Your submission is not acceptable for filing in Illinois due to the following reasons:*

*Form PF-37237 was not attached for reference to answer question #7. Please provide.*

**Conclusion:**

*Sign up to get e-mail notification for updates to the Department's website. <http://insurance.illinois.gov/RSS/>*

*Please refer to the appropriate Property Casualty IS3 Review Requirements Checklist before submitting any filing. The checklists are available at the Department's Web site or at the following link:*

*[http://insurance.illinois.gov/Prop\\_Cas\\_IS3\\_Checklists/IS3\\_Checklists.asp](http://insurance.illinois.gov/Prop_Cas_IS3_Checklists/IS3_Checklists.asp)*

*Please submit compliant form(s) no later than the date shown above or the entire filing may be disapproved. Please be advised that when the Director disapproves the form(s) you must immediately cease using the form(s) in Illinois.*

*Please give this matter your immediate attention. If you have any question regarding this filing please feel free to contact me.*

*Sincerely,*

*Gayle Neuman*

---

**State:** Illinois **Filing Company:** ACE American Insurance Company  
**TOI/Sub-TOI:** 11.0 Medical Malpractice - Claims Made/Occurrence/11.0029 Other  
**Product Name:** 12-MR-2009793(R)  
**Project Name/Number:** Allied Healthcare - Individuals Program Filing /12-MR-2009793(R)

---

## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	06/14/2012
Submitted Date	06/14/2012

---

Dear Gayle Neuman,

**Introduction:**

We are responding to your comment, dated 06/14/12.

**Response 1**

**Comments:**

We have attached endorsement PF-37237, as a reference document, and apologize for the oversight.

**Changed Items:**

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

**Conclusion:**

Thank you.

Sincerely,

Viola McBride



---

<b>State:</b>	Illinois	<b>Filing Company:</b>	ACE American Insurance Company
<b>TOI/Sub-TOI:</b>	11.0 Medical Malpractice - Claims Made/Occurrence/11.0029 Other		
<b>Product Name:</b>	12-MR-2009793(R)		
<b>Project Name/Number:</b>	Allied Healthcare - Individuals Program Filing /12-MR-2009793(R)		

---

## Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	05/30/2012
Submitted Date	05/30/2012
Respond By Date	06/13/2012

---

Dear Viola McBride,

### **Introduction:**

*This is to acknowledge receipt of your filing. Your submission is not acceptable for filing in Illinois due to the following reasons:*

- 1. Please indicate if your company has a plan for the gathering of statistics or the reporting of statistics to statistical agencies? If yes, what stat agency is being used?*
- 2. The extended reporting period must be offered when the policy is cancelled or nonrenewed for any reason including nonpayment of premium, and whether the policy is cancelled by the company or at the insured's request, pursuant to Company Bulletin CB88-50.*
- 3. The extended reporting period (tail) coverage premium must be priced as a factor of one of the following: (1) the last twelve months premium; (2) the premium in effect at policy issuance; or (3) the expiring annual premium. The manual pages fail to disclose this information.*
- 4. Please explain the purpose of the Prior Acts Coverage with an occurrence policy.*
- 5. If any of the premium payment plans require the payment of installment fees or interest charges, we request you disclose such information in the rate/rule manual.*
- 6. Pursuant to Company Bulletin 2011-05, schedule rating plans must allow for both scheduled debits/credits, and must be limited to a maximum level of 25%.*
- 7. I understand a part time employee getting a discount for working fewer hours. I don't understand how the coverage is restricted. Please explain.*
- 8. In regard to the Exposure Debits, it would seem the Nursing Home/Assisted Living/LTC and the High Tech/Critical Care exposure should be reflected in the rate for the class.*
- 9. Pursuant to 215 ILCS 5/143 (2), general liability coverage, such as the coverage provided in this instatnce, must have separate limits that do not reduce the limits of the professional liability coverage. It was never the intention of the professional liability coverage to provide general liability coverage. Any forms that contain provisions to the contrary are deemed to contain exceptions and conditions that unreasonably or deceptively affect the risks that are purported to be assumed by the policy, in violation of Section 143(2) and will be disapproved accordingly.*

### **Conclusion:**

<b>State:</b>	Illinois	<b>Filing Company:</b>	ACE American Insurance Company
<b>TOI/Sub-TOI:</b>	11.0 Medical Malpractice - Claims Made/Occurrence/11.0029 Other		
<b>Product Name:</b>	12-MR-2009793(R)		
<b>Project Name/Number:</b>	Allied Healthcare - Individuals Program Filing /12-MR-2009793(R)		

*Sign up to get e-mail notification for updates to the Department's website. <http://insurance.illinois.gov/RSS/>*

Please refer to the appropriate Property Casualty IS3 Review Requirements Checklist before submitting any filing. The checklists are available at the Department's Web site or at the following link:

[http://insurance.illinois.gov/Prop\\_Cas\\_IS3\\_Checklists/IS3\\_Checklists.asp](http://insurance.illinois.gov/Prop_Cas_IS3_Checklists/IS3_Checklists.asp)

Please submit compliant form(s) no later than the date shown above or the entire filing may be disapproved. Please be advised that when the Director disapproves the form(s) you must immediately cease using the form(s) in Illinois.

*Please give this matter your immediate attention. If you have any question regarding this filing please feel free to contact me.*

*Sincerely,*

Gayle Neuman

---

**State:** Illinois **Filing Company:** ACE American Insurance Company  
**TOI/Sub-TOI:** 11.0 Medical Malpractice - Claims Made/Occurrence/11.0029 Other  
**Product Name:** 12-MR-2009793(R)  
**Project Name/Number:** Allied Healthcare - Individuals Program Filing /12-MR-2009793(R)

---

## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	06/13/2012
Submitted Date	06/13/2012

---

Dear Gayle Neuman,

**Introduction:**

We are responding to your comments, dated 05/30/12.

**Response 1**

**Comments:**

1. Yes, Insurance Services Office

2. Please see attached revised State Exception pages.

3. Please see attached revised State Exception pages

4. The purpose is to provide coverage to insureds that elect to move from a claims made coverage form to an occurrence policy and they were unsuccessful in obtaining tail coverage from their prior carrier.

5. Please see attached revised State Exception pages.

6. Please see attached revised State Exception pages.

7. Please see endorsement PF-37237 attached for a description of the part-time coverage provided. This endorsement was included in our forms filing.

8. Please see attached revised State Exception pages.

9. Please see attached revised State Exception Plan. Additionally, when we receive a response to our forms filing we will withdraw form PF-35501 Healthcare Provider Limits and make forms PF-37240 Limits of Liability General Liability (for Occurrence policy) and PF-37241, Limits of Liability (claims made policy) mandatory when the GL coverage is purchased. These endorsements provide a separate limit of liability for the GL coverage.

**Changed Items:**

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

**Conclusion:**

Thank you.

Sincerely,

Viola McBride

<b>State:</b>	Illinois	<b>Filing Company:</b>	ACE American Insurance Company
<b>TOI/Sub-TOI:</b>	11.0 Medical Malpractice - Claims Made/Occurrence/11.0029 Other		
<b>Product Name:</b>	12-MR-2009793(R)		
<b>Project Name/Number:</b>	Allied Healthcare - Individuals Program Filing /12-MR-2009793(R)		

## Note To Reviewer

**Created By:**

Viola McBride on 08/29/2012 01:28 PM

**Last Edited By:**

Gayle Neuman

## Submitted On:

08/29/2012 01:33 PM

**Subject:**

Effective Date

**Comments:**

This filing has not been placed into effect. We request an effective date of 10/01/12.

<b>State:</b>	Illinois	<b>Filing Company:</b>	ACE American Insurance Company
<b>TOI/Sub-TOI:</b>	11.0 Medical Malpractice - Claims Made/Occurrence/11.0029 Other		
<b>Product Name:</b>	12-MR-2009793(R)		
<b>Project Name/Number:</b>	Allied Healthcare - Individuals Program Filing /12-MR-2009793(R)		

## Note To Filer

**Created By:**

Gayle Neuman on 08/29/2012 10:47 AM

**Last Edited By:**

Gayle Neuman

## Submitted On:

08/29/2012 01:33 PM

**Subject:**

effective date

**Comments:**

The Department of Insurance has now completed its review of this filing. Originally, ACE American requested the filing be effective May 18, 2012. Was the filing put in effect on May 18, 2012 or do you wish to have a different effective date? Your prompt response is appreciated.

<b>State:</b>	Illinois	<b>Filing Company:</b>	ACE American Insurance Company
<b>TOI/Sub-TOI:</b>	11.0 Medical Malpractice - Claims Made/Occurrence/11.0029 Other		
<b>Product Name:</b>	12-MR-2009793(R)		
<b>Project Name/Number:</b>	Allied Healthcare - Individuals Program Filing /12-MR-2009793(R)		

## Note To Filer

**Created By:**

Gayle Neuman on 08/21/2012 03:25 PM

**Last Edited By:**

Gayle Neuman

## Submitted On:

08/29/2012 01:33 PM

**Subject:**

status

**Comments:**

The filing was routed on 6/30/12. It now has to be reviewed by our Actuarial Unit, Legal Division and the Director.

<b>State:</b>	Illinois	<b>Filing Company:</b>	ACE American Insurance Company
<b>TOI/Sub-TOI:</b>	11.0 Medical Malpractice - Claims Made/Occurrence/11.0029 Other		
<b>Product Name:</b>	12-MR-2009793(R)		
<b>Project Name/Number:</b>	Allied Healthcare - Individuals Program Filing /12-MR-2009793(R)		

## Note To Reviewer

**Created By:**

Viola McBride on 08/21/2012 03:01 PM

**Last Edited By:**

Gayle Neuman

## Submitted On:

08/29/2012 01:33 PM

**Subject:**

## Status Request

**Comments:**

Please advise us of the status of this filing. Thank you.

<b>State:</b>	Illinois	<b>Filing Company:</b>	ACE American Insurance Company
<b>TOI/Sub-TOI:</b>	11.0 Medical Malpractice - Claims Made/Occurrence/11.0029 Other		
<b>Product Name:</b>	12-MR-2009793(R)		
<b>Project Name/Number:</b>	Allied Healthcare - Individuals Program Filing /12-MR-2009793(R)		

## Note To Filer

**Created By:**

Gayle Neuman on 06/14/2012 07:59 AM

**Last Edited By:**

Gayle Neuman

## Submitted On:

08/29/2012 01:33 PM

**Subject:**

extension

**Comments:**

I will extend the due date to June 20, 2012.



<b>State:</b>	Illinois	<b>Filing Company:</b>	ACE American Insurance Company
<b>TOI/Sub-TOI:</b>	11.0 Medical Malpractice - Claims Made/Occurrence/11.0029 Other		
<b>Product Name:</b>	12-MR-2009793(R)		
<b>Project Name/Number:</b>	Allied Healthcare - Individuals Program Filing /12-MR-2009793(R)		

## Note To Reviewer

**Created By:**

Viola McBride on 06/13/2012 03:08 PM

**Last Edited By:**

Gayle Neuman

## Submitted On:

08/29/2012 01:33 PM

**Subject:**

## Extension Request

**Comments:**

Please advise us if we may have a one-week extension, until 06/20/12. Thank you.

<b>State:</b>	Illinois	<b>Filing Company:</b>	ACE American Insurance Company
<b>TOI/Sub-TOI:</b>	11.0 Medical Malpractice - Claims Made/Occurrence/11.0029 Other		
<b>Product Name:</b>	12-MR-2009793(R)		
<b>Project Name/Number:</b>	Allied Healthcare - Individuals Program Filing /12-MR-2009793(R)		

## Rate/Rule Schedule

Item No.	Schedule Item Status	Exhibit Name	Rule # or Page #	Rate Action	Previous State Filing Number	Attachments
1		Healthcare and Allied Professional Liability and Supplemental Liability Policy General Rules	HCP 1 - HCP 14	New		CW Rules 3 12.pdf
2		IL State Exception Pages	IL-1 - IL-5	New		IL STATE EXCEPTION PAGE 06 28 12 final.pdf
3		IL State Exception Pages	IL-1 - IL-5	New		IL STATE EXCEPTION PAGE 06 20 12 final.pdf
4		IL State Exception Pages	IL-1 - IL-5	New		IL STATE EXCEPTION PAGE 06 20 12 final (1).pdf
5		IL State Exception Pages	IL-1 - IL-5	New		IL STATE EXCEPTION PAGE 06 19 12 final.pdf
6		IL State Exception Pages	IL-1 - IL-5	New		IL STATE EXCEPTION PAGE 06 12 12 Final.pdf
7		IL State Exception Pages	IL-1 - IL-2	New		IL STATE EXCEPTION PAGE.pdf

**I. APPLICATION OF MANUAL RULES**

- A. The rules contained in these pages shall govern the writing of Professional Liability policies for Individual Healthcare Providers and entities of providers with 6 or fewer providers.
- B. The rules, rates, rating plans and forms filed on behalf of the Company, and not in conflict herewith, shall govern in all cases not specifically provided for herein.

**II. POLICY TERM**

- A. Policies may be written for a term of one year, and renewed annually thereafter.
- B. Coverage may be extended for a period not to exceed sixty (60) days beyond expiration date, subject to the consent of the Company and the rates and forms in effect for the expiring policy term. Premiums for this extension shall be calculated on a pro-rata basis.
- C. Coverage may be renewed, subject to the consent of the Company, for additional periods by payment of a premium calculated according to the company's rates, rules and forms in effect at the time of renewal.

**III. PREMIUM COMPUTATION**

- A. Compute the premium at policy inception using the rates and rating plans in effect at that time. At each renewal, compute the premium using the rules, rates and rating plans then in effect.
- B. Prorate the premium when a policy is issued for other than a whole year.

**IV. FACTORS OR MULTIPLIERS**

Unless otherwise noted, factors or multipliers are to be applied consecutively, as opposed to being added together.

**V. WHOLE DOLLAR RULE**

The premium for each peril coverage or exposure for which a separate premium is calculated will be rounded to the nearest whole dollar as follows:

- A. any amount involving \$.50 or over will be rounded to the next highest whole dollar amount;
- B. any amount involving \$.49 or less will be rounded down to the next lower whole dollar amount.

**VI. ADDITIONAL PREMIUM CHARGES**

- A. All Coverage changes or additions involving additional premiums will be pro-rated based upon the effective date of the change.
- B. The rates and rules that were in effect at the inception date of the policy period are to be used in all additional premium calculations.

**Healthcare and Allied Professional Liability and Supplemental  
Liability  
Country Wide General Rules**

**HCP - 2**

**VII. RETURN PREMIUM**

A. Return premiums are computed using rates in effect at the policy inception.

B. Return premiums are computed pro rate and rounded in accordance with the whole dollar rule when any coverage or exposure is deleted, or an amount of insurance is reduced.

**VIII. DECREASED LIMITS OF LIABILITY**

When lower limits are offered, they will be provided on the following basis:

Limit of Liability	Decreased Limit Factor
\$100,000/\$300,000	.64
\$100,000/\$500,000	.65
\$200,000/\$600,000	.69
\$250,000/\$750,000	.71
\$200,000/\$1,000,000	.71
\$500,000/\$500,000	.76
\$500,000/\$1,000,000	.79
\$500,000/\$2,500,000	.83
\$1,000,000/\$1,000,000	.94
\$1,000,000/\$2,000,000	.95
\$1,000,000/\$3,000,000	.96
\$1,000,000/\$5,000,000	.98

Rates are derived using the standard \$1,000,000 / \$6,000,000 base rates.  
Other decreased limits of liability refer to company

**IX. INCREASED LIMITS OF LIABILITY**

When higher limits are offered, they will be provided on the following basis:

Limits of Liability	Increased Limit Factor	Minimum Premium
\$1,000,000/\$7,000,000	1.02	\$25
\$1,000,000/\$8,000,000	1.03	\$30
\$2,000,000/\$4,000,000	1.15	\$40
\$2,000,000/\$5,000,000	1.17	\$50
\$2,000,000/\$6,000,000	1.18	\$65
\$2,000,000/\$7,000,000	1.19	\$75
\$2,000,000/\$8,000,000	1.20	\$80

Rates are derived using the standard \$1,000,000 / \$6,000,000 base rates.  
Other increased limits of liability refer to company

**X. POLICY CANCELLATIONS**

Return premium will be computed pro-rata in accordance with the Whole Dollar Rule using the rules, rates and rating plans in effect at the inception of this policy period.

**XI. EXTENDED REPORTING PERIOD COVERAGE (Claims Made Only)**

If this policy is cancelled or non-renewed or a Healthcare Provider who purchases a separate limit of liability and subject to the following provisions, an extension period, for the purpose of reporting a claim, will be provided automatically for 60 days, and may be extended beyond that as governed by the following rules:

A. The limits of liability may not exceed those afforded under the terminating policy. The limits of liability are not reinstated.

B. Extended Reporting Period Coverage will be available to the named insured shown on the declarations page or a Healthcare Provider who purchases a separate limit of liability.

C. Should the named insured terminate coverage under this policy, and desire Extended Reporting Period Coverage beyond the automatic 60 days, notice must be given to the Company, along with payment of the applicable premium, within 60 days. The entire premium for the ERP will be deemed earned when the ERP begins.

D. Upon termination of coverage under this policy by reason of death, the deceased's unearned premium for this coverage will be waived and Extended Reporting Period Coverage will be granted for no additional charge.

E. Upon termination of coverage under this policy by reason of disability or retirement by the named insured, Extended Reporting Period Coverage will be granted for no additional charge provided that, during the policy period:

1. Total and permanent disability occurs; or
2. The named insured retires during the policy period and:
  - a. is 55 years of age or older and has been insured by this Company for at least 5 years of claims-made coverage; or
  - b. has been insured by us or approved carrier for at least 10 years of claims-made coverage.

3. Extended Reporting Period Coverage will be granted with the following discounts, subject to the Extended Reporting Provisions of the Policy and the following schedule:

Consecutive Years of Coverage with an Approved Carrier	Discount
10	Free
9	90%
8	80%
7	70%
6	60%
5	50%
4	40%
3	30%
2	20%
1	10%

F. The prior acts date of coverage with this Company will determine the years of prior exposure for Extended Reporting Period Coverage.

**Healthcare and Allied Professional Liability and Supplemental Liability**  
**Country Wide General Rules**

**HCP - 4**

G. In the event the policy is canceled, any return premium due the named insured shall be credited toward the premium for Extended Reporting Period Coverage, if the named insured elects this coverage. If any premium is due for the period of time between the earlier of the policy's Prior Acts date or effective date and the termination date, any monies received by the Company from the named insured shall first be applied to the premium owing for the policy and then to the Extended Reporting Period Coverage.

H. There is no right to any extended reported period coverage if this policy is cancelled for non payment of premium, non compliance with any of the terms and condition of this policy or for any misrepresentation or omission in the application for this policy.

I. Extended Reporting Period Factors -The factors in the following table shall be applied to the mature claims-made rate in effect at the beginning of the current policy period:

Years of Prior Claims Made Coverage	Installment Unlimited Factors Years			Prepaid Unlimited Factors
	1	2	3	
1	.36	.34	.28	.92
2	.58	.55	.39	1.43
3	.67	.55	.59	1.70
4 or more	.84	.55	.59	1.87

Any other option refer to company

**XII. PRIOR ACTS COVERAGE (Occurrence only)**

The policy may be extended to provide prior acts coverage as follows:

A. The prior acts period may not exceed the term immediately preceding coverage under this policy during which similar coverage was continuously provided under a claims made policy, nor shall limits of liability exceed those of the claims-made policy or the occurrence policy to which the prior acts endorsement shall be applied.

B. The premium for Prior Acts Coverage is a one time only charge payable in advance or over the first three policy years in annual installments, but calculated in advance by applying the applicable factors from the table below to the current rate under this policy for limits of \$1,000,000/6,000,000 per occurrence.

C. If the limit of liability under this coverage is other than \$1M/6M per occurrence, the premium developed under B above shall be adjusted by the appropriate increased or decreased limits factor.

D. The premium will be charged annually, but calculated in advance:

1. Determine the current premium under this policy for limits of \$1M/6M per occurrence;
2. Enter the factor for the appropriate Prior Acts Period;
3. Apply factor (s) successively for the desired number of years of Prior Acts;
4. Apply the appropriate Increased/Decreased Limits Factor.

Prior Acts Period	1 <sup>st</sup> Year	2 <sup>nd</sup> Year	3 <sup>rd</sup> Year	Prepaid Factors
1 year prior	.47	.28	.26	.94
2 years prior	.70	.43	.40	1.42
3 years prior	.81	.44	.46	1.64
4+ years prior	.87	.53	.50	1.76

**Healthcare and Allied Professional Liability and Supplemental Liability**  
**Country Wide General Rules**

HCP - 5

**XIII. PREMIUM PAYMENT PLAN**

The Company may, at its discretion, offer to the named insured various premium payment plans.

**XIV. ISO CLASSIFICATION CODES**

Class	Description	ISO Code
I		
A	Occupational Therapists	80721
	Occupational Therapy Assistant	80721
	Certified Occupational Therapy Assistant	80721
B	Respiratory Care Provider	80717
	Respiratory Therapist	80717
C	Respiratory Therapist Technician/Technologist	80717
	Chiropractic Assistant	80411
	Optometric Technician/Assistant	80944
	Podiatric Assistant	80943
II		
	Art Therapist	80967
	Dance Therapist	80967
	Music Therapist	80967
	Recreation Therapist	80945
III		
A	LPN/LVN	80963
	Registered Nurse	80964
B	Dietician	80720
	Nutritionist	80720
C	Bio-medical Technician/Technologist	80719
	Blood Bank Technician/Technologist	80719
	Cardiology Technician/Technologist	80719
	Certified Lab Technician/Technologist	80711
	Certified Medical Assistant	80719
	Clinical Lab Technician/Technologist	80711
	Community Health Assistant	80719
	Community Health Technician/Technologist	80719
	Diagnostic Medical Sonographer	80719
	Dialysis Technician/Technologist	80719
	EEG Technician/Technologist	80719
	EKG Technician/Technologist	80719
	Electrologist	80719
	Histologic Technician/Technologist	80719
	Medical Assistant	80719
	Medical Laboratory Technician/Technologist	80711
	Medical Records Administrator	80711
	Medical Records Technician/Technologist	80719
	Medical Technician	80719
	Medical Technician/Technologist Assistant	80719
	Medical Technologist	80719
	Mental Retardation Workers	80711
	Nuclear Medical Technician/Technologist	80719
	Phlebotomist	80719
	Radiation Therapist	80713

**Healthcare and Allied Professional Liability and Supplemental Liability**  
**Country Wide General Rules**

HCP - 6

	Radiology Technician/Technologist	80719
	Surgical Technician/Technologist	80129
	X-Ray Machine Operator	80713
D	Home Health Aide	80618
E	Clinical Nurse Specialist-No Prescriptive Authority	80965
IV		
A	Pharmacist	59112
B	Pharmacy Technician	59112
C	Pedorthist	80943
V	Circulation Tech	80945
	Perfusionist	80945
VI		
A	Massage Therapist	80718
B	Enterostomal Therapist	80945
	Orthopedic Assistant	80943
VII		
A	Athletic Trainer	80945
B	Exercise Physiologist	80945
	Fitness Professional	80945
	Health Educator	80711
	Kinesiologist	80945
	Personal Trainer, Certified	80945
	Sports Medicine Instructor	80945
VIII		
A	Paramedic	80723
B	Basic / Intermediate Emergency Medical Technician	80723
C	Volunteer Emergency Medical Technician	80723
IX		
A	Physical Therapist	80995
	Rehabilitation Therapist	80995
	Kinesiotherapist	80945
	Sports Medicine Therapist	80945
	Corrective Therapist	80945
B	Physical Therapist Assistant	80995
	Rehabilitation Assistant	80995
X	No specialties in this class	
XI	<b>Nurse Practitioners/Clinical Nurse Specialists</b>	
A	Adult / Geriatric / Family Planning / Gynecology / Women's Health / Adult Oncology	80965
B	Psychiatric	80965
C	Pediatric / Neonatal / Family Practice / Acute	80965



**Healthcare and Allied Professional Liability and Supplemental  
Liability  
Country Wide General Rules**

**HCP - 7**

	Critical Care	
D	Obstetrics / Gynecology / Perinatal / Acute Care Obstetrics	80965
E	Nurse Practitioner Student	80965
F	Clinical Nurse Specialists-Educator, Consultant, Administrator and Researcher	80965
XII	Audiologists	80716
	Speech Language Pathologist	80716
	Speech Hearing Therapist	80716
XIII	Dental Hygienists	80712
XIV	Dental Assistants	80712
	Laboratory Aide	80711
	Nurses Aide	80964
	Geriatric Nursing Assistant	80963
	Nursing Assistant	80963
	Physical Therapy Aide	80995
	Other Healthcare Aide (Excluding Home Health Aides)	80711
XV		
A	Social Worker Clinical	80723
B	Psychotherapist	80723
C	Case Manager	72990
	Clinical/Rehabilitation Counselor	80723
	Pastoral Counselor	80723
	School Counselor	80723
D	Marriage/Family Counselor	80723
E	Certified Employee Assistant Professional	
XVI		
A	Physician Assistant Class 1  A PA who performs tasks ordinarily reserved for the Physician and who works under the direction and supervision of a licensed physician to assist the physician in the management of patients.	80116
B	Physician Assistant Class 2  A PA who is involved in any of the following: Assisting in surgery (other than observation) Trauma/Emergency room procedures/responsibilities (10 hours or less per week) Prenatal or Postnatal care Assisting in anesthesiology	80116

**Healthcare and Allied Professional Liability and Supplemental Liability**  
**Country Wide General Rules**

HCP - 8

C	Physician Assistant Class 3  A PA who is involved in any of the following: Orthopedic surgery OB/GYN Surgery Cardiovascular Surgery Thoracic Surgery Trauma/Emergency Room – Greater than 10 hours/week OB including delivery room responsibilities Exposure to Cardiac Catherization lab	80116
D	Physician Assistant Student	80116
E	Registered Radiologist Assistant	80116
XVII		
A	Acupuncturist	80966
B	Acupuncturist Student	8066

**XV. CALCULATION OF PREMIUM**

A. The premium for the policy shall be the sum of the applicable charges developed below:

B. If more than one classification is applicable, the higher rated classification will be used for rating.

C. The annual occurrence form base rate for each Healthcare Provider is stated on the state rate page. The rates shown on the Rate Pages apply per individual provider or FTE insured under the policy

D. The annual claims made form rate for each Healthcare Provider shall be determined for Classes I through XVII as follows:

1. If the Healthcare Provider is just entering practice, or the Healthcare Provider has continuously been insured under an occurrence policy, enter the step rate factor from the table at the year one level.
2. If the Healthcare Provider has been insured under a claims-made policy, for one or more years immediately preceding the effective date of this coverage, or for reasons acceptable to the Company had been uninsured, the following procedure shall apply:
  - a. determine the number of years in which the Healthcare Provider was covered under such claims-made policy(ies);
  - b. determine the number of years in which the Healthcare Provider was uninsured;
  - c. the sum of years developed in a. and b. shall be the base exposure. Fractional years of six months or more of base exposure shall be rounded to the next higher year; less than six months shall be rounded to the next lower year;
  - d. the sum of years developed in c. above shall be the Years of Prior Exposure. The table is entered at the total prior Years of Exposure, plus one.

The factors in the following table shall be applied to the full time Class I though XVI rate, found on the State Page:

Class	Step Rate Factors				
	Year 1	Year 2	Year 3	Year 4	Year 5
I through XVII	.32	.57	.77	.84	.99

# Healthcare and Allied Professional Liability and Supplemental Liability Country Wide General Rules

E. Healthcare student is \$21, except where otherwise specified in the class rate schedule found on the state rate pages.

## XVI. SCHEDULE RATING

When applicable, apply the appropriate debit or credit based upon the following risk characteristics, subject to state specific limitations regarding on Schedule Rating:

	CREDIT	DEBIT
<b><i>Procedure Mix</i></b> Applicable to insureds whose procedures or practice specialties are primarily concentrated in areas other than their practice classification and/or specialty.	0 - 25%	0 - 25%
<b><i>Exposure Modification</i></b> Applicable to those insureds who have an increased or reduced exposure.	0 - 25%	0 - 25%
<b><i>Unusual Risk Characteristics</i></b>	0 - 25%	0 - 25%
<b><i>Continuing Education</i></b> Applicable to insureds who are involved in a ACE approved continuing education program other than risk management programs.	0 - 25%	0 - 25%

## XVII RULES FOR INDIVIDUALS

The following rules apply to eligible employed individuals and self employed non incorporated individuals only:

A. The following are the base limits used for premium calculation. Availability of limits by specialty or state may be restricted by underwriting guidelines: The limits of liability below are shared.

Coverage	Limits of Liability	
Professional Liability	\$1,000,000 each claim	\$6,000,000 aggregate
Good Samaritan Liability	Included in PL limit above	
Personal Injury Liability	Included in PL limit above	
General Liability	Included in PL limit above if elected	
License Protection	\$ 25,000 per proceeding	\$ 25,000 aggregate
Defendant Expense Benefit	\$1,000 per day	\$ 25,000 aggregate
Deposition Representation	\$ 10,000 per incident	\$ 10,000 aggregate
Assault	\$ 25,000 per incident	\$ 25,000 aggregate
Medical Payments	\$ 25,000 per person	\$ 100,000 aggregate
First Aid		\$ 10,000 aggregate
Damage to Property of Others	\$ 10,000 per incident	\$ 10,000 aggregate
Personal Liability		\$1,000,000 aggregate

General Liability, including coverage for Certified Acts of Terrorism as defined in the Terrorism Insurance Act of 2002, is provided at no additional premium.

**B. Supplemental Modifications – Individuals**

**1. New Healthcare Providers**

A new Healthcare Provider is defined as a Healthcare Provider who has completed the training in their specialty within the previous twelve (12) months, and who is applying for coverage as a non-incorporated individual. The credit will be a 50% credit for the first year or 25% for nurse practitioners.

The New Healthcare Providers 1<sup>st</sup> year credit cannot be combined with any other credit. including part time.

**2. Additional Insureds**

Where eligible, additional insured coverage may be added to the policy on a shared limit of liability basis. The additional premium is \$100 each for the 1<sup>st</sup> 5 additional insureds and then \$50 each after. Such Additional Insured shall be covered for their vicarious liability only as their interest appears.

**3. Part Time**

Individual Healthcare Provider who works 24 or fewer hours per week may be eligible for restricted coverage at a rate reduction of 50% subject to a minimum premium. Physician Assistants will be eligible for restricted coverage at a rate reduction of 35%.

a. When part time rates result in an amount that is less than \$100, the rate will be the lesser of either the individual's full time base rate or \$100.

b. If the individual's full time base rate is used, full coverage is afforded. If a rate, less than the full time rate, is used, part time reduced coverages will apply.

c. Part time rate is available to an employed individual who works 24 or fewer hours per week in a self-employed capacity for that individual's self-employed pursuits.

d. The part time rate reduction is not available for nurse practitioners and may be further restricted by underwriting guidelines.

**4. Retirement/Leave**

An Individual Healthcare Provider who is not actively employed as a Healthcare Provider but maintains an active license may be eligible for restricted coverage at a rate reduction of 50%. The reduced rate may be applied retroactively to the first day of retirement/leave, on the condition that the Company is notified within ten (10) days of the retirement/leave. If the company is notified at a later date, the discount may be applied as of the date the Company received the notice. This credit will not apply to firms or self employed incorporated individuals.

**5. Individual Risk Management Credit**

A credit of 10% will be applied to the annual premium applicable to an individual Healthcare Provider who attends a ACE approved loss prevention seminar, workshop, or other loss prevention program. This credit will be applied for a three year period.

# Healthcare and Allied Professional Liability and Supplemental Liability

## Country Wide General Rules

HCP - 11

### 6. Change of Carrier discount

A 10% credit will apply to an individual rate who is currently insured with another carrier and has had no losses reported over the past six (6) months. This credit will not apply if you were previously insured by ACE.

### 7. Internet Discount

A 5% credit shall be applied to policies marketed through electronic commerce distribution channels.

#### C. Consulting Services Liability

Consulting Services Liability coverage may be added to the policy on a shared limit basis. The rate will be \$25 for each Consultant. Consulting Services Liability provides Errors and Omissions coverage for non-medical incidents while performing Consulting, Educating or Training Services in the Firm's area of specialization.

#### D. Case Management Services Liability

Case Management Services Liability coverage may be added to the policy on a shared limit basis. The rate will be \$25 for each Case Manager. Case Management Services Liability provides Errors and Omissions coverage for non-medical incidents while performing Case Management duties such as assessing and coordinating treatment options, developing treatment plans or managing a patient's total care.

## XVIII. RULES FOR LEGAL ENTITIES

The following rules are applicable to Firms. Firms include corporations, partnerships, organizations, sole proprietorship or self employed incorporated individuals.

### A. Limits of Liability

The following are the base limits used for premium calculation. Availability of limits by or state may be restricted by underwriting guidelines: All these coverages are a shared limit of liability. A separate General Liability Limit is available for an additional premium see section VIII E.

Coverage	Limits of Liability	
Professional Liability	\$1,000,000 each claim	\$6,000,000 aggregate
Good Samaritan Liability	Included in PL limit above	
Personal Injury Liability	Included in PL limit above	
General Liability	Included in PL limit above if elected	
License Protection	\$ 25,000 per proceeding	\$ 25,000 aggregate
Defendant Expense Benefit	\$1,000 per day	\$ 25,000 aggregate
Deposition Representation	\$ 10,000 per incident	\$ 10,000 aggregate
Assault	\$ 25,000 per incident	\$ 25,000 aggregate
Medical Payments	\$ 25,000 per person	\$ 100,000 aggregate
First Aid		\$ 10,000 aggregate
Damage to Property of Others	\$ 10,000 per incident	\$ 10,000 aggregate

General Liability, including coverage for Certified Acts of Terrorism as defined in the Terrorism Insurance Act of 2002, is provided at no additional premium.

**B. Full Time Equivalents (FTE)**

For calculating headcount, where applicable, full time equivalents may be utilized for Firms. Full time is defined as 40 hours a week. The total number of hours per week for each profession will be divided by 40 to determine the number of full time equivalents for that profession.

The full time equivalent rule is subject to minimum policy premium and minimum headcount to FTE ratios.

**C. Supplemental Modifications – Firms**

**1. Size of Business**

A credit will be given based on the number of Healthcare Providers associated with the business. The following will be applied:

# of providers	Credit
2-6	4%

**2. Business Loss Prevention Credit**

A credit of 10% will be applied to a firm who attends an ACE approved loss prevention program, seminar or workshop for its employees. This credit will be applied for a one year period, and will be reviewed annually.

**3. Exposure Debits**

Debits will be added based on the presence of the following: The Maximum debit will be 35%

Category	Debit
Registry/Staffing	A surcharge of 25% of developed premium before debits/credits will be added to Firms that provide staffing to other facilities, firms or locations.
Background check	A surcharge of 10% of developed premium before debits/credits will be added to Firms not performing background checks on their employees and independent contractors.
Nursing Home/Assisted Living/LTC	A surcharge of 25% of developed premium before debits/credits will be added to Firms that do more than 50% staffing of Nursing Home Facilities or Assisted Living Centers.
High Tech/Critical Care	A surcharge of 25% of developed premium before debits/credits will be added to Firms performing High Tech(i.e. Trach care, Ventilator care, Chemotherapy, etc.) or Critical Care.

**4. Separate Limits for Health care Providers  
(Coverage A Professional Liability including Personal Injury)**

All ratable employees and the corporation may be provided separate limits. The following

**Healthcare and Allied Professional Liability and Supplemental Liability**  
**Country Wide General Rules**

debit will be applied:

# of ratable employees	Debit
1	10.0%
2-6	12.0%

**5. Change of Carrier discount**

A 10% credit will apply to an individual rate who is currently insured with another carrier and has had no losses reported over the past six (6) months.

**6. Internet Discount**

A 5% credit shall be applied to policies marketed through electronic commerce distribution channels.

**D. General Liability**

1. General Liability coverage may be purchased by self-employed incorporated individuals or firms with a \$1,000,000 each claim with a \$1,000,000 aggregate limit for an annual rate of \$150 for the first facility based practice location. This is for a separate limit of liability

2. When a firm has multiple practice locations, and requests General Liability coverage, a \$50 charge per additional practice location will apply. This is not a separate limit of liability per location. This will share with the limit of liability stated above.

3. When a firm provides home healthcare, staffing or fitness, the annual rate will be 25% of the developed Professional Liability rate, subject to \$150 per policy minimum.

4. Other limits are available and associated with the following factors (which are with respect to the \$1M/\$1M rate).

Increased Limit	Increased Limit Factor
\$1,000,000/\$1,000,000	1.00
\$1,000,000/\$2,000,000	1.13
\$1,000,000/\$3,000,000	1.21
\$1,000,000/\$4,000,000	1.28
\$1,000,000/\$5,000,000	1.33
\$1,000,000/\$6,000,000	1.37
\$1,000,000/\$7,000,000	1.39
\$1,000,000/\$8,000,000	1.40
\$2,000,000/\$4,000,000	1.98
\$2,000,000/\$5,000,000	2.00
\$2,000,000/\$6,000,000	2.01
\$2,000,000/\$7,000,000	2.02
\$2,000,000/\$8,000,000	2.03

The General Liability Limit can not be higher then the Professional Liability Limit.

**E. Deductibles**

When deductible options are requested or required, the following credits should be applied to the developed policy premium. When General Liability is offered, the same deductible amount must be provided for both Professional Liability and General Liability.

Amount	Credit
--------	--------

**Healthcare and Allied Professional Liability and Supplemental Liability**  
**Country Wide General Rules**

**HCP - 14**

\$0	0%
\$ 1,000	1.0%
\$ 2,500	2.5%
\$ 5,000	5.0%
\$10,000	10.0%
\$15,000	11.0%
\$20,000	13.0%
\$25,000	15.0%

All other options refer to company

**F. Additional Insured**

Where eligible, additional insured coverage may be added to the policy on a shared limit of liability basis. The additional premium is \$100 each for the 1<sup>st</sup> 5 additional insureds and then \$50 each after. Such Additional Insured shall be covered for their vicarious liability only as their interest appears.

**G Consulting Services Liability**

Consulting Services Liability coverage may be added to the policy on a shared limit basis. The rate will be \$25 for each Consultant. Consulting Services Liability provides Errors and Omissions coverage for non-medical incidents while performing Consulting, Educating or Training Services in the Firm's area of specialization.

**H. Case Management Services Liability**

Case Management Services Liability coverage may be added to the policy on a shared limit basis. The rate will be \$25 for each Case Manager. Case Management Services Liability provides Errors and Omissions coverage for non-medical incidents while performing Case Management duties such as assessing and coordinating treatment options, developing treatment plans or managing a patient's total care.

**I. Non-Owned/Hired Automobile Liability**

This coverage option is available for entities only. The premium is calculated by multiplying the applicable rate by the total number of employees. The rates for the available limits options (000) are shown in the table below, along with the minimum premiums applicable to this coverage option.

	<b>\$250/\$250</b>	<b>\$500/\$500</b>	<b>\$1,000/\$1,000</b>	<b>\$1,000/\$3,000</b>
Per Employee Charge	\$14	\$16	\$18	\$20
Minimum Premium	\$50	\$60	\$100	\$100



**Healthcare and Allied Professional and Supplemental Liability  
Exception Pages: Illinois**

**State Exceptions.** Selected countrywide rules are amended as described below:

- I. Rule **XI. EXTENDED REPORTING PERIOD COVERAGE (Claims Made Only)** is amended by deleting paragraph H & I in their entirety and replacing paragraph I. with the following:

- I. Extended Reporting Period Factors -The factors in the following table shall be applied to the claims-made rate in effect at the beginning of the current policy period:

Years of Prior Claims Made Coverage	Installment Unlimited Factors Years			Prepaid Unlimited Factors
	1	2	3	
1	.36	.34	.28	.92
2	.58	.55	.39	1.43
3	.67	.55	.59	1.70
4 or more	.84	.55	.59	1.87

Any other option refer to company

- II. Rule **XIX. Premium Installment plans for both Individuals and Entities** is added as follows:

The following installment premium payment plans shall be offered:

1. For annual premiums up to and including \$80,000, a four-installment payment plan payable as follows:
  - a. an initial payment equal to 40% of the premium due at policy inception;
  - b. a second payment equal to 20% of the premium due 3 months from policy inception; and
  - c. a third payment equal to 20% of the premium due 6 months from policy inception.
  - d. a fourth payment equal to 20% of the premium due 9 months from the policy inception
2. For annual premiums in excess of \$80,000, a four-installment payment plan payable as follows:
  - a. an initial payment equal to 25% of the premium due at policy inception;
  - b. a second payment equal to 25% of the premium due 3 months from policy inception;
  - c. a third payment equal to 25% of the premium due 6 months from policy inception;
  - d. a fourth payment equal to 25% of the premium due 9 months from policy inception;

Additional premium resulting from changes to the policy shall be spread over the remaining installments, if any. If there are no remaining installments, additional premium resulting from changes to the policy shall be billed immediately as a separate transaction.

- III. Rule **XVI. Schedule Rating** is amended by adding the following:

Credits and debits shown below above are additive if more than one applies, they are subject to a maximum total credit or debit of 25% for all categories.

- IV. Rule **XVII. RULES FOR INDIVIDUALS** and Rule **XVIII. RULES FOR LEGAL ENTITIES**, is amended by deleting Paragraph A for both sections in their entirety and replacing it with the following:

- A. The following are the base limits used for premium calculation. Availability of limits by specialty or state may be restricted by underwriting guidelines:

**Healthcare and Allied Professional and Supplemental Liability**  
**Exception Pages: Illinois**

Coverage	Limits of Liability	
Professional Liability	\$1,000,000 each claim	\$6,000,000 aggregate
Good Samaritan Liability	Included in PL limit above	
Personal Injury Liability	Included in PL limit above	
License Protection	\$ 25,000 per proceeding	\$ 25,000 aggregate
Defendant Expense Benefit	\$1,000 per day	\$ 25,000 aggregate
Deposition Representation	\$ 10,000 per incident	\$ 10,000 aggregate
Assault	\$ 25,000 per incident	\$ 25,000 aggregate
Medical Payments	\$ 25,000 per person	\$ 100,000 aggregate
First Aid		\$ 10,000 aggregate
Damage to Property of Others	\$ 10,000 per incident	\$ 10,000 aggregate
Personal Liability		\$1,000,000 aggregate

Coverage for Certified Acts of Terrorism, as defined in the Terrorism Insurance Act of 2002, is included at no additional premium if General Liability is purchased.

V. Rule **XVII. RULES FOR INDIVIDUALS**, is amended at paragraph A by adding the following:

Formatted: Indent: Hanging: 49.5 pt

1. If General Liability is purchased, it is only available as a separate limit with a base limit of \$1,000,000 each claim and a \$1,000,000 aggregate limit for \$150.
2. When an Individual has several locations, and requests General Liability coverage, a \$50 charge per additional practice location will apply. This is not a separate limit of liability per location and will share in the limit of liability stated above.
3. When an Individual provides home healthcare, staffing or fitness, the annual rate will be 25% of the developed Professional Liability rate, subject to \$150 per policy minimum.
4. Other General Liability limits are available and associated with the following factors (which are with respect to the \$1M/\$1M rate).

Increased Limit	Increased Limit Factor
\$1,000,000/\$1,000,000	1.00
\$1,000,000/\$2,000,000	1.13
\$1,000,000/\$3,000,000	1.21
\$1,000,000/\$4,000,000	1.28
\$1,000,000/\$5,000,000	1.33
\$1,000,000/\$6,000,000	1.37
\$1,000,000/\$7,000,000	1.39
\$1,000,000/\$8,000,000	1.40
\$2,000,000/\$4,000,000	1.98
\$2,000,000/\$5,000,000	2.00
\$2,000,000/\$6,000,000	2.01
\$2,000,000/\$7,000,000	2.02
\$2,000,000/\$8,000,000	2.03

The General Liability Limit can not be higher then the Professional Liability Limit.

VI. Rule **XVII. RULES FOR INDIVIDUALS**, is amended by deleting sub-section B. 3, **Part Time**, in its entirety and replacing it with the following:

Individual Healthcare Provider who works 24 or fewer hours per week may be eligible for a rate reduction of 50% subject to a minimum premium. Physician Assistants will be eligible for a rate reduction of 35%.

**ACE AMERICAN INSURANCE COMPANY**

**Edition 6/2012**

**Healthcare and Allied Professional and Supplemental Liability  
Exception Pages: Illinois**

- a. When part time rates result in an amount that is less than \$100, the rate will be the lesser of either the individual's full time base rate or \$100.
- b. Part time rate is available to an employed individual who works 24 or fewer hours per week in a self-employed capacity for that individual's self-employed pursuits.
- c. The part time rate reduction is not available for nurse practitioners.

VII. Rule **XVIII., RULES FOR Legal Entities**, is amended at paragraph D by deleting subsection 1 in its entirety and replacing it with the following:

- 1. If General Liability is purchased, it is only available as a separate limit with a base limit of \$1,000,000 each claim and a \$1,000,000 aggregate limit for \$150.

VIII. Rule **XVIII. RULES FOR LEGAL ENTITIES** is amended by deleting paragraph 3 in its entirety and replacing it with the following:

3. **Exposure Debits**

Debits will be added based on the presence of the following: The Maximum debit will be 35%

Category	Debit
Registry/Staffing	A surcharge of 25% of developed premium before debits/credits will be added to Firms that provide staffing to other facilities, firms or locations.
Background check	A surcharge of 10% of developed premium before debits/credits will be added to Firms not performing background checks on their employees and independent contractors.

IX. **Rates**

- A. All rates indicated below are for Professional Liability limits of \$1,000,000 each claim with a \$6,000,000 annual aggregate.

Class			Employed	Self-Employed
I	A	Occupational Therapists; Occupational Therapy Assistant; Certified Occupational Therapy Assistant	\$71	\$198
	B	Respiratory Care Provider; Respiratory Therapist	\$84	\$281
	C	Respiratory Therapist Technician/Technologist; Chiropractic Assistant; Optometric Technician/Assistant; Podiatric Assistant	\$84	\$234
II		Art Therapist; Dance Therapist; Music Therapist; Recreation Therapist	\$84	\$281
III	A	LPN/LVN; Registered Nurse	\$88	\$270
	B	Dietician; Nutritionist	\$84	\$234
	C	Bio-medical Technician/Technologist; Blood Bank Technician/Technologist; Cardiology Technician/Technologist;	\$84	\$164

**Healthcare and Allied Professional and Supplemental Liability**  
**Exception Pages: Illinois**

		Certified Lab Technician/Technologist; Certified Medical Assistant; Clinical Lab Technician/Technologist; Community Health Assistant; Community Health Technician/Technologist; Diagnostic Medical Sonographer; Dialysis Technician/Technologist; EEG Technician/Technologist; EKG Technician/Technologist; Electrologist Histologic; Technician/Technologist; Medical Assistant; Medical Laboratory Technician/Technologist; Medical Records Administrator; Medical Records Technician/Technologist; Medical Technician; Medical Technician/Technologist Assistant; Medical Technologist; Mental Retardation Workers; Nuclear Medical Technician/Technologist; Phlebotomist; Radiation Therapist; Radiology Technician/Technologist; Surgical Technician/Technologist; X-Ray Machine Operator		
	D	Home Health Aid	\$84	\$90
	E	Clinical Nurse Specialist-No Prescriptive Authority	\$88	\$311
IV	A	Pharmacist	\$131	\$351
	B	Pharmacy Technician	\$84	\$164
	C	Pedorthist	\$104	\$291
V		Circulation Tech; Perfusionist	\$140	\$281
VI	A	Massage Therapist	\$140	\$164
	B	Enterostomal Therapist; Orthopedic Assistant	\$164	\$281
VII	A	Athletic Trainer	\$187	\$889
	B	Exercise Physiologist; Fitness Professional; Health Educator; Kinesiologist; Certified Personal Trainer; Sports Medicine Instructor	\$140	\$162
VIII	A	Paramedic	\$149	\$215
	B	Basic/Intermediate Emergency Medical Technician	\$136	\$195
	C	Volunteer Emergency Medical Technician	\$70	\$70
IX	A	Physical Therapist; Rehabilitation Therapist; Kinesiotherapist; Sports Medicine Therapist; Corrective Therapist; Physical Therapist Assistant; Rehabilitation Assistant	\$148	\$420
	B	Physical Therapist Assistant; Rehabilitation Assistant	\$75	\$211
X		No Specialties in this class	----	---
XI		Nurse Practitioners/Clinical Nurse Specialists		
	A	Adult/Geriatric/Family Planning/Gynecology/Women's Health/Adult Oncology	\$645	\$796
	B	Psychiatric	\$911	\$1,126
	C	Pediatric/Neonatal/Family Practice/Acute Critical Care	\$1,178	\$1,455
	D	Obstetrics/Gynecology/Perinatal/Acute Care Obstetrics	\$1,446	\$1,787
	E	Nurse Practitioner Student	\$248	N/A
	F	Clinical Nurse Specialists-Educator; Consultant, Administrator and Researcher	\$419	\$517
XII		Audiologist; Speech Language Pathologist	\$74	\$126
XIII		Dental Hygienists	\$56	\$234

XIV		Dental Assistant; Laboratory Aide; Nurses Aide; Geriatric Nursing Assistant; Nursing Assistant; Physical Therapy Aide; Other Healthcare Aide(Excluding Home Health Aides)	\$46	\$164
XV	A	Social Worker Clinical	\$113	\$270
	B	Psychotherapist	\$405	\$855
	C	Alcohol/Drug Counselor Case Manager; Clinical/Rehabilitation Counselor; Pastoral Counselor; School Counselor	\$113	\$297
	D	Marriage/Family Counselor	\$113	\$239

**ACE AMERICAN INSURANCE COMPANY**

**Edition 6/2012**

**Healthcare and Allied Professional and Supplemental Liability  
Exception Pages: Illinois**

Counties: Cook, DuPage, Madison and St. Clair			
XVI A	Physician Assistant Class 1(see Rules)	\$4,356	\$4,356
B	Physician Assistant Class 2(see Rules)	\$5,445	\$5,445
C	Physician Assistant Class 3(see Rules)	\$6,534	\$6,534
D	Physician Assistant Student	\$140	N/A
E	Registered Radiologist Assistant	N/A	N/A
Remainder of State		\$3,598	\$3,598
XVI A	Physician Assistant Class 1(see Rules)	\$4,498	\$4,498
B	Physician Assistant Class 2(see Rules)	\$5,397	\$5,397
C	Physician Assistant Class 3(see Rules)	\$140	N/A
D	Physician Assistant Student	N/A	N/A
E	Registered Radiologist Assistant		
XVII A	Acupuncturist	\$658	\$658
B	Acupuncturist Student	\$140	\$N/A

**Healthcare and Allied Professional and Supplemental Liability**  
**Exception Pages: Illinois**

**State Exceptions.** Selected countrywide rules are amended as described below:

- I. Rule **XI. EXTENDED REPORTING PERIOD COVERAGE (Claims Made Only)** is amended by deleting paragraph H & I in their entirety and replacing paragraph I. with the following:

- I. Extended Reporting Period Factors -The factors in the following table shall be applied to the claims-made rate in effect at the beginning of the current policy period:

Years of Prior Claims Made Coverage	Installment Unlimited Factors Years			Prepaid Unlimited Factors
	1	2	3	
1	.36	.34	.28	.92
2	.58	.55	.39	1.43
3	.67	.55	.59	1.70
4 or more	.84	.55	.59	1.87

Any other option refer to company

- II. Rule **XIX. Premium Installment plans for both Individuals and Entities** is added as follows:

The following installment premium payment plans shall be offered:

1. For annual premiums up to and including \$80,000, a four-installment payment plan payable as follows:
  - a. an initial payment equal to 40% of the premium due at policy inception;
  - b. a second payment equal to 20% of the premium due 3 months from policy inception; and
  - c. a third payment equal to 20% of the premium due 6 months from policy inception.
  - d. a fourth payment equal to 20% of the premium due 9 months from the policy inception
2. For annual premiums in excess of \$80,000, a four-installment payment plan payable as follows:
  - a. an initial payment equal to 25% of the premium due at policy inception;
  - b. a second payment equal to 25% of the premium due 3 months from policy inception;
  - c. a third payment equal to 25% of the premium due 6 months from policy inception;
  - d. a fourth payment equal to 25% of the premium due 9 months from policy inception;

Additional premium resulting from changes to the policy shall be spread over the remaining installments, if any. If there are no remaining installments, additional premium resulting from changes to the policy shall be billed immediately as a separate transaction.

- III. Rule **XVI. Schedule Rating** is amended by adding the following:

Credits and debits shown below above are additive if more than one applies, they are subject to a maximum total credit or debit of 25% for all categories.

- IV. Rule **XVII. RULES FOR INDIVIDUALS** and Rule **XVIII. RULES FOR LEGAL ENTITIES**, is amended by deleting Paragraph A for both sections in their entirety and replacing it with the following:

- A. The following are the base limits used for premium calculation. Availability of limits by specialty or state may be restricted by underwriting guidelines:

**Healthcare and Allied Professional and Supplemental Liability**  
**Exception Pages: Illinois**

<b>Coverage</b>	<b>Limits of Liability</b>	
Professional Liability	\$1,000,000 each claim	\$6,000,000 aggregate
Good Samaritan Liability	Included in PL limit above	
Personal Injury Liability	Included in PL limit above	
License Protection	\$ 25,000 per proceeding	\$ 25,000 aggregate
Defendant Expense Benefit	\$1,000 per day	\$ 25,000 aggregate
Deposition Representation	\$ 10,000 per incident	\$ 10,000 aggregate
Assault	\$ 25,000 per incident	\$ 25,000 aggregate
Medical Payments	\$ 25,000 per person	\$ 100,000 aggregate
First Aid		\$ 10,000 aggregate
Damage to Property of Others	\$ 10,000 per incident	\$ 10,000 aggregate
Personal Liability		\$1,000,000 aggregate

Coverage for Certified Acts of Terrorism, as defined in the Terrorism Insurance Act of 2002, is included at no additional premium if General Liability is purchased.

V. Rule **XVII. RULES FOR INDIVIDUALS**, is amended at paragraph A by adding the following:

1. If General Liability is purchased, it is only available as a separate limit with a base limit of \$1,000,000 each claim and a \$1,000,000 aggregate limit for \$150.
2. When an Individual has several locations, and requests General Liability coverage, a \$50 charge per additional practice location will apply. This is not a separate limit of liability per location and will share in the limit of liability stated above.
3. When an Individual provides home healthcare, staffing or fitness, the annual rate will be 25% of the developed Professional Liability rate, subject to \$150 per policy minimum.
4. Other General Liability limits are available and associated with the following factors (which are with respect to the \$1M/\$1M rate).

<b>Increased Limit</b>	<b>Increased Limit Factor</b>
\$1,000,000/\$1,000,000	1.00
\$1,000,000/\$2,000,000	1.13
\$1,000,000/\$3,000,000	1.21
\$1,000,000/\$4,000,000	1.28
\$1,000,000/\$5,000,000	1.33
\$1,000,000/\$6,000,000	1.37
\$1,000,000/\$7,000,000	1.39
\$1,000,000/\$8,000,000	1.40
\$2,000,000/\$4,000,000	1.98
\$2,000,000/\$5,000,000	2.00
\$2,000,000/\$6,000,000	2.01
\$2,000,000/\$7,000,000	2.02
\$2,000,000/\$8,000,000	2.03

The General Liability Limit can not be higher then the Professional Liability Limit.

VI. Rule **XVII. RULES FOR INDIVIDUALS**, is amended by deleting the first paragraph and paragraphs b. and d. of sub-section B. 3, **Part-Time**, in their entirety and replacing it with the following:

Individual Healthcare Provider who works 24 or fewer hours per week may be eligible for a rate reduction of 50% subject to a minimum premium. Physician Assistants will be eligible for a rate reduction of 35%.

**Healthcare and Allied Professional and Supplemental Liability  
Exception Pages: Illinois**

d. The part time rate reduction is not available for nurse practitioners.

VII. Rule **XVIII., RULES FOR Legal Entities**, is amended at paragraph D by deleting subsection 1 in its entirety and replacing it with the following:

1. If General Liability is purchased, it is only available as a separate limit with a base limit of \$1,000,000 each claim and a \$1,000,000 aggregate limit for \$150.

VIII. Rule **XVIII. RULES FOR LEGAL ENTITIES** is amended by deleting paragraph 3 in its entirety and replacing it with the following:

3. **Exposure Debits**

Debits will be added based on the presence of the following: The Maximum debit will be 35%

Category	Debit
Registry/Staffing	A surcharge of 25% of developed premium before debits/credits will be added to Firms that provide staffing to other facilities, firms or locations.
Background check	A surcharge of 10% of developed premium before debits/credits will be added to Firms not performing background checks on their employees and independent contractors.

IX. **Rates**

A. All rates indicated below are for Professional Liability limits of \$1,000,000 each claim with a \$6,000,000 annual aggregate.

Class		Employed	Self-Employed
I	A	Occupational Therapists; Occupational Therapy Assistant; Certified Occupational Therapy Assistant	\$71 \$198
	B	Respiratory Care Provider; Respiratory Therapist	\$84 \$281
	C	Respiratory Therapist Technician/Technologist; Chiropractic Assistant; Optometric Technician/Assistant; Podiatric Assistant	\$84 \$234
II		Art Therapist; Dance Therapist; Music Therapist; Recreation Therapist	\$84 \$281
III	A	LPN/LVN; Registered Nurse	\$88 \$270
	B	Dietician; Nutritionist	\$84 \$234
	C	Bio-medical Technician/Technologist; Blood Bank Technician/Technologist; Cardiology Technician/Technologist; Certified Lab Technician/Technologist; Certified Medical Assistant; Clinical Lab Technician/Technologist; Community Health Assistant; Community Health Technician/Technologist; Diagnostic Medical Sonographer; Dialysis Technician/Technologist; EEG Technician/Technologist; EKG Technician/Technologist; Electrologist Histologic; Technician/Technologist; Medical Assistant; Medical	\$84 \$164



**Healthcare and Allied Professional and Supplemental Liability**  
**Exception Pages: Illinois**

	Laboratory Technician/Technologist; Medical Records Administrator; Medical Records Technician/Technologist; Medical Technician; Medical Technician/Technologist Assistant; Medical Technologist; Mental Retardation Workers; Nuclear Medical Technician/Technologist; Phlebotomist; Radiation Therapist; Radiology Technician/Technologist; Surgical Technician/Technologist; X-Ray Machine Operator		
D	Home Health Aid	\$84	\$90
E	Clinical Nurse Specialist-No Prescriptive Authority	\$88	\$311
IV A	Pharmacist	\$131	\$351
B	Pharmacy Technician	\$84	\$164
C	Pedorthist	\$104	\$291
V	Circulation Tech; Perfusionist	\$140	\$281
VI A	Massage Therapist	\$140	\$164
B	Enterostomal Therapist; Orthopedic Assistant	\$164	\$281
VII A	Athletic Trainer	\$187	\$889
B	Exercise Physiologist; Fitness Professional; Health Educator; Kinesiologist; Certified Personal Trainer; Sports Medicine Instructor	\$140	\$162
VIII A	Paramedic	\$149	\$215
B	Basic/Intermediate Emergency Medical Technician	\$136	\$195
C	Volunteer Emergency Medical Technician	\$70	\$70
IX A	Physical Therapist; Rehabilitation Therapist; Kinesiotherapist; Sports Medicine Therapist; Corrective Therapist; Physical Therapist Assistant; Rehabilitation Assistant	\$148	\$420
B	Physical Therapist Assistant; Rehabilitation Assistant	\$75	\$211
X	No Specialties in this class	----	---
XI	Nurse Practitioners/Clinical Nurse Specialists		
A	Adult/Geriatric/Family Planning/Gynecology/Women's Health/Adult Oncology	\$645	\$796
B	Psychiatric	\$911	\$1,126
C	Pediatric/Neonatal/Family Practice/Acute Critical Care	\$1,178	\$1,455
D	Obstetrics/Gynecology/Perinatal/Acute Care Obstetrics	\$1,446	\$1,787
E	Nurse Practitioner Student	\$248	N/A
F	Clinical Nurse Specialists-Educator; Consultant, Administrator and Researcher	\$419	\$517
XII	Audiologist; Speech Language Pathologist	\$74	\$126
XIII	Dental Hygienists	\$56	\$234

XIV	Dental Assistant; Laboratory Aide; Nurses Aide; Geriatric Nursing Assistant; Nursing Assistant; Physical Therapy Aide; Other Healthcare Aide(Excluding Home Health Aides)	\$46	\$164
XV A	Social Worker Clinical	\$113	\$270
B	Psychotherapist	\$405	\$855
C	Alcohol/Drug Counselor Case Manager; Clinical/Rehabilitation Counselor; Pastoral Counselor; School Counselor	\$113	\$297
D	Marriage/Family Counselor	\$113	\$239
Counties: Cook, DuPage, Madison and St. Clair			
XVI A	Physician Assistant Class 1(see Rules)	\$4,356	\$4,356
B	Physician Assistant Class 2(see Rules)	\$5,445	\$5,445

**Healthcare and Allied Professional and Supplemental Liability**  
**Exception Pages: Illinois**

C	Physician Assistant Class 3(see Rules)	\$6,534	\$6,534
D	Physician Assistant Student	\$140	N/A
E	Registered Radiologist Assistant	N/A	N/A
Remainder of State		\$3,598	\$3,598
XVI A	Physician Assistant Class 1(see Rules)	\$4,498	\$4,498
B	Physician Assistant Class 2(see Rules)	\$5,397	\$5,397
C	Physician Assistant Class 3(see Rules)	\$140	N/A
D	Physician Assistant Student	N/A	N/A
E	Registered Radiologist Assistant		
XVII A	Acupuncturist	\$658	\$658
B	Acupuncturist Student	\$140	\$N/A

**Healthcare and Allied Professional and Supplemental Liability**  
**Exception Pages: Illinois**

**State Exceptions.** Selected countrywide rules are amended as described below:

- I. Rule **XI. EXTENDED REPORTING PERIOD COVERAGE (Claims Made Only)** is amended by deleting paragraph H & I in their entirety and replacing paragraph I. with the following:

- I. Extended Reporting Period Factors -The factors in the following table shall be applied to the claims-made rate in effect at the beginning of the current policy period:

Years of Prior Claims Made Coverage	Installment Unlimited Factors Years			Prepaid Unlimited Factors
	1	2	3	
1	.36	.34	.28	.92
2	.58	.55	.39	1.43
3	.67	.55	.59	1.70
4 or more	.84	.55	.59	1.87

Any other option refer to company

- II. Rule **XIX. Premium Installment plans for both Individuals and Entities** is added as follows:

The following installment premium payment plans shall be offered:

1. For annual premiums up to and including \$80,000, a four-installment payment plan payable as follows:
  - a. an initial payment equal to 40% of the premium due at policy inception;
  - b. a second payment equal to 20% of the premium due 3 months from policy inception; and
  - c. a third payment equal to 20% of the premium due 6 months from policy inception.
  - d. a fourth payment equal to 20% of the premium due 9 months from the policy inception
2. For annual premiums in excess of \$80,000, a four-installment payment plan payable as follows:
  - a. an initial payment equal to 25% of the premium due at policy inception;
  - b. a second payment equal to 25% of the premium due 3 months from policy inception;
  - c. a third payment equal to 25% of the premium due 6 months from policy inception;
  - d. a fourth payment equal to 25% of the premium due 9 months from policy inception;

Additional premium resulting from changes to the policy shall be spread over the remaining installments, if any. If there are no remaining installments, additional premium resulting from changes to the policy shall be billed immediately as a separate transaction.

- III. Rule **XVI. Schedule Rating** is amended by adding the following:

Credits and debits shown below above are additive if more than one applies, they are subject to a maximum total credit or debit of 25% for all categories.

- IV. Rule **XVII. RULES FOR INDIVIDUALS** and Rule **XVIII. RULES FOR LEGAL ENTITIES**, is amended by deleting Paragraph A for both sections in their entirety and replacing it with the following:

- A. The following are the base limits used for premium calculation. Availability of limits by specialty or state may be restricted by underwriting guidelines:

**Healthcare and Allied Professional and Supplemental Liability**  
**Exception Pages: Illinois**

<b>Coverage</b>	<b>Limits of Liability</b>	
Professional Liability	\$1,000,000 each claim	\$6,000,000 aggregate
Good Samaritan Liability	Included in PL limit above	
Personal Injury Liability	Included in PL limit above	
License Protection	\$ 25,000 per proceeding	\$ 25,000 aggregate
Defendant Expense Benefit	\$1,000 per day	\$ 25,000 aggregate
Deposition Representation	\$ 10,000 per incident	\$ 10,000 aggregate
Assault	\$ 25,000 per incident	\$ 25,000 aggregate
Medical Payments	\$ 25,000 per person	\$ 100,000 aggregate
First Aid		\$ 10,000 aggregate
Damage to Property of Others	\$ 10,000 per incident	\$ 10,000 aggregate
Personal Liability		\$1,000,000 aggregate

Coverage for Certified Acts of Terrorism, as defined in the Terrorism Insurance Act of 2002, is included at no additional premium if General Liability is purchased.

V. Rule **XVII. RULES FOR INDIVIDUALS**, is amended at paragraph A by adding the following:

1. If General Liability is purchased, it is only available as a separate limit with a base limit of \$1,000,000 each claim and a \$1,000,000 aggregate limit for \$150.
2. When an Individual has several locations, and requests General Liability coverage, a \$50 charge per additional practice location will apply. This is not a separate limit of liability per location and will share in the limit of liability stated above.
3. When an Individual provides home healthcare, staffing or fitness, the annual rate will be 25% of the developed Professional Liability rate, subject to \$150 per policy minimum.
4. Other General Liability limits are available and associated with the following factors (which are with respect to the \$1M/\$1M rate).

<b>Increased Limit</b>	<b>Increased Limit Factor</b>
\$1,000,000/\$1,000,000	1.00
\$1,000,000/\$2,000,000	1.13
\$1,000,000/\$3,000,000	1.21
\$1,000,000/\$4,000,000	1.28
\$1,000,000/\$5,000,000	1.33
\$1,000,000/\$6,000,000	1.37
\$1,000,000/\$7,000,000	1.39
\$1,000,000/\$8,000,000	1.40
\$2,000,000/\$4,000,000	1.98
\$2,000,000/\$5,000,000	2.00
\$2,000,000/\$6,000,000	2.01
\$2,000,000/\$7,000,000	2.02
\$2,000,000/\$8,000,000	2.03

The General Liability Limit can not be higher then the Professional Liability Limit.

VI. Rule **XVII. RULES FOR INDIVIDUALS**, is amended by deleting the first paragraph and paragraphs b. and d. of sub-section B. 3, **Part-Time**, in their entirety and replacing it with the following:

Individual Healthcare Provider who works 24 or fewer hours per week may be eligible for a rate reduction of 50% subject to a minimum premium. Physician Assistants will be eligible for a rate reduction of 35%.

**Healthcare and Allied Professional and Supplemental Liability**  
**Exception Pages: Illinois**

b. If the individual's full time base rate is used, full coverage is afforded. If a rate, less than the full time rate, is used.

d. The part time rate reduction is not available for nurse practitioners.

VII. Rule **XVIII., RULES FOR Legal Entities**, is amended at paragraph D by deleting subsection 1 in its entirety and replacing it with the following:

1. If General Liability is purchased, it is only available as a separate limit with a base limit of \$1,000,000 each claim and a \$1,000,000 aggregate limit for \$150.

VIII. Rule **XVIII. RULES FOR LEGAL ENTITIES** is amended by deleting paragraph 3 in its entirety and replacing it with the following:

3. **Exposure Debits**

Debits will be added based on the presence of the following: The Maximum debit will be 35%

Category	Debit
Registry/Staffing	A surcharge of 25% of developed premium before debits/credits will be added to Firms that provide staffing to other facilities, firms or locations.
Background check	A surcharge of 10% of developed premium before debits/credits will be added to Firms not performing background checks on their employees and independent contractors.

IX. **Rates**

A. All rates indicated below are for Professional Liability limits of \$1,000,000 each claim with a \$6,000,000 annual aggregate.

Class		Employed	Self-Employed
I	A	Occupational Therapists; Occupational Therapy Assistant; Certified Occupational Therapy Assistant	\$71 \$198
	B	Respiratory Care Provider; Respiratory Therapist	\$84 \$281
	C	Respiratory Therapist Technician/Technologist; Chiropractic Assistant; Optometric Technician/Assistant; Podiatric Assistant	\$84 \$234
II		Art Therapist; Dance Therapist; Music Therapist; Recreation Therapist	\$84 \$281
III	A	LPN/LVN; Registered Nurse	\$88 \$270
	B	Dietician; Nutritionist	\$84 \$234
	C	Bio-medical Technician/Technologist; Blood Bank Technician/Technologist; Cardiology Technician/Technologist; Certified Lab Technician/Technologist; Certified Medical Assistant; Clinical Lab Technician/Technologist; Community Health Assistant; Community Health Technician/Technologist; Diagnostic Medical	\$84 \$164

**Healthcare and Allied Professional and Supplemental Liability**  
**Exception Pages: Illinois**

	Sonographer; Dialysis Technician/Technologist; EEG Technician/Technologist; EKG Technician/Technologist; Electrologist Histologic; Technician/Technologist; Medical Assistant; Medical Laboratory Technician/Technologist; Medical Records Administrator; Medical Records Technician/Technologist; Medical Technician; Medical Technician/Technologist Assistant; Medical Technologist; Mental Retardation Workers; Nuclear Medical Technician/Technologist; Phlebotomist; Radiation Therapist; Radiology Technician/Technologist; Surgical Technician/Technologist; X-Ray Machine Operator		
D	Home Health Aid	\$84	\$90
E	Clinical Nurse Specialist-No Prescriptive Authority	\$88	\$311
IV A	Pharmacist	\$131	\$351
B	Pharmacy Technician	\$84	\$164
C	Pedorthist	\$104	\$291
V	Circulation Tech; Perfusionist	\$140	\$281
VI A	Massage Therapist	\$140	\$164
B	Enterostomal Therapist; Orthopedic Assistant	\$164	\$281
VII A	Athletic Trainer	\$187	\$889
B	Exercise Physiologist; Fitness Professional; Health Educator; Kinesiologist; Certified Personal Trainer; Sports Medicine Instructor	\$140	\$162
VIII A	Paramedic	\$149	\$215
B	Basic/Intermediate Emergency Medical Technician	\$136	\$195
C	Volunteer Emergency Medical Technician	\$70	\$70
IX A	Physical Therapist; Rehabilitation Therapist; Kinesiotherapist; Sports Medicine Therapist; Corrective Therapist; Physical Therapist Assistant; Rehabilitation Assistant	\$148	\$420
B	Physical Therapist Assistant; Rehabilitation Assistant	\$75	\$211
X	No Specialties in this class	----	---
XI	Nurse Practitioners/Clinical Nurse Specialists		
A	Adult/Geriatric/Family Planning/Gynecology/Women's Health/Adult Oncology	\$645	\$796
B	Psychiatric	\$911	\$1,126
C	Pediatric/Neonatal/Family Practice/Acute Critical Care	\$1,178	\$1,455
D	Obstetrics/Gynecology/Perinatal/Acute Care Obstetrics	\$1,446	\$1,787
E	Nurse Practitioner Student	\$248	N/A
F	Clinical Nurse Specialists-Educator; Consultant, Administrator and Researcher	\$419	\$517
XII	Audiologist; Speech Language Pathologist	\$74	\$126
XIII	Dental Hygienists	\$56	\$234

XIV	Dental Assistant; Laboratory Aide; Nurses Aide; Geriatric Nursing Assistant; Nursing Assistant; Physical Therapy Aide; Other Healthcare Aide(Excluding Home Health Aides)	\$46	\$164
XV A	Social Worker Clinical	\$113	\$270
B	Psychotherapist	\$405	\$855
C	Alcohol/Drug Counselor Case Manager; Clinical/Rehabilitation Counselor; Pastoral Counselor; School Counselor	\$113	\$297
D	Marriage/Family Counselor	\$113	\$239
Counties: Cook, DuPage, Madison and St.			

**Healthcare and Allied Professional and Supplemental Liability**  
**Exception Pages: Illinois**

Clair			
XVI A	Physician Assistant Class 1(see Rules)	\$4,356	\$4,356
B	Physician Assistant Class 2(see Rules)	\$5,445	\$5,445
C	Physician Assistant Class 3(see Rules)	\$6,534	\$6,534
D	Physician Assistant Student	\$140	N/A
E	Registered Radiologist Assistant	N/A	N/A
Remainder of State		\$3,598	\$3,598
XVI A	Physician Assistant Class 1(see Rules)	\$4,498	\$4,498
B	Physician Assistant Class 2(see Rules)	\$5,397	\$5,397
C	Physician Assistant Class 3(see Rules)	\$140	N/A
D	Physician Assistant Student	N/A	N/A
E	Registered Radiologist Assistant		
XVII A	Acupuncturist	\$658	\$658
B	Acupuncturist Student	\$140	\$N/A

**Healthcare and Allied Professional and Supplemental Liability**  
**Exception Pages: Illinois**

**State Exceptions.** Selected countrywide rules are amended as described below:

- I. Rule **XI. EXTENDED REPORTING PERIOD COVERAGE (Claims Made Only)** is amended by deleting paragraph H & I in their entirety and replacing paragraph I. with the following:

- I. Extended Reporting Period Factors -The factors in the following table shall be applied to the claims-made rate in effect at the beginning of the current policy period:

Years of Prior Claims Made Coverage	Installment Unlimited Factors Years			Prepaid Unlimited Factors
	1	2	3	
1	.36	.34	.28	.92
2	.58	.55	.39	1.43
3	.67	.55	.59	1.70
4 or more	.84	.55	.59	1.87

Any other option refer to company

- II. Rule **XIX. Premium Installment plans for both Individuals and Entities** is added as follows:

The following installment premium payment plans shall be offered:

1. For annual premiums up to and including \$80,000, a four-installment payment plan payable as follows:
  - a. an initial payment equal to 40% of the premium due at policy inception;
  - b. a second payment equal to 20% of the premium due 3 months from policy inception; and
  - c. a third payment equal to 20% of the premium due 6 months from policy inception.
  - d. a fourth payment equal to 20% of the premium due 9 months from the policy inception
2. For annual premiums in excess of \$80,000, a four-installment payment plan payable as follows:
  - a. an initial payment equal to 25% of the premium due at policy inception;
  - b. a second payment equal to 25% of the premium due 3 months from policy inception;
  - c. a third payment equal to 25% of the premium due 6 months from policy inception;
  - d. a fourth payment equal to 25% of the premium due 9 months from policy inception;

Additional premium resulting from changes to the policy shall be spread over the remaining installments, if any. If there are no remaining installments, additional premium resulting from changes to the policy shall be billed immediately as a separate transaction.

- III. Rule **XVI. Schedule Rating** is amended by adding the following:

Credits and debits shown below above are additive if more than one applies, they are subject to a maximum total credit or debit of 25% for all categories.

- IV. Rule **XVII. RULES FOR INDIVIDUALS** and Rule **XVIII. RULES FOR LEGAL ENTITIES**, is amended by deleting Paragraph A for both sections in their entirety and replacing it with the following:

- A. The following are the base limits used for premium calculation. Availability of limits by specialty or state may be restricted by underwriting guidelines:



**Healthcare and Allied Professional and Supplemental Liability**  
**Exception Pages: Illinois**

<b>Coverage</b>	<b>Limits of Liability</b>	
Professional Liability	\$1,000,000 each claim	\$6,000,000 aggregate
Good Samaritan Liability	Included in PL limit above	
Personal Injury Liability	Included in PL limit above	
License Protection	\$ 25,000 per proceeding	\$ 25,000 aggregate
Defendant Expense Benefit	\$1,000 per day	\$ 25,000 aggregate
Deposition Representation	\$ 10,000 per incident	\$ 10,000 aggregate
Assault	\$ 25,000 per incident	\$ 25,000 aggregate
Medical Payments	\$ 25,000 per person	\$ 100,000 aggregate
First Aid		\$ 10,000 aggregate
Damage to Property of Others	\$ 10,000 per incident	\$ 10,000 aggregate
Personal Liability		\$1,000,000 aggregate

Coverage for Certified Acts of Terrorism, as defined in the Terrorism Insurance Act of 2002, is included at no additional premium if General Liability is purchased.

V. Rule **XVII. RULES FOR INDIVIDUALS**, is amended at paragraph A by adding the following:

1. If General Liability is purchased, it is only available as a separate limit with a base limit of \$1,000,000 each claim and a \$1,000,000 aggregate limit for \$150.
2. When an Individual has several locations, and requests General Liability coverage, a \$50 charge per additional practice location will apply. This is not a separate limit of liability per location and will share in the limit of liability stated above.
3. When an Individual provides home healthcare, staffing or fitness, the annual rate will be 25% of the developed Professional Liability rate, subject to \$150 per policy minimum.
4. Other General Liability limits are available and associated with the following factors (which are with respect to the \$1M/\$1M rate).

<b>Increased Limit</b>	<b>Increased Limit Factor</b>
\$1,000,000/\$1,000,000	1.00
\$1,000,000/\$2,000,000	1.13
\$1,000,000/\$3,000,000	1.21
\$1,000,000/\$4,000,000	1.28
\$1,000,000/\$5,000,000	1.33
\$1,000,000/\$6,000,000	1.37
\$1,000,000/\$7,000,000	1.39
\$1,000,000/\$8,000,000	1.40
\$2,000,000/\$4,000,000	1.98
\$2,000,000/\$5,000,000	2.00
\$2,000,000/\$6,000,000	2.01
\$2,000,000/\$7,000,000	2.02
\$2,000,000/\$8,000,000	2.03

The General Liability Limit can not be higher then the Professional Liability Limit.

VI. Rule **XVII. RULES FOR INDIVIDUALS**, is amended by deleting the first paragraph of sub-section B. 3, **Part-Time**, in its entirety and replacing it with the following:

Individual Healthcare Provider who works 24 or fewer hours per week may be eligible for a rate reduction of 50% subject to a minimum premium. Physician Assistants will be eligible for a rate reduction of 35%.

**Healthcare and Allied Professional and Supplemental Liability**  
**Exception Pages: Illinois**

VII. Rule **XVIII., RULES FOR Legal Entities**, is amended at paragraph D by deleting subsection 1 in its entirety and replacing it with the following:

1. If General Liability is purchased, it is only available as a separate limit with a base limit of \$1,000,000 each claim and a \$1,000,000 aggregate limit for \$150.

VIII. Rule **XVIII. RULES FOR LEGAL ENTITIES** is amended by deleting paragraph 3 in its entirety and replacing it with the following:

3. **Exposure Debits**

Debits will be added based on the presence of the following: The Maximum debit will be 35%

Category	Debit
Registry/Staffing	A surcharge of 25% of developed premium before debits/credits will be added to Firms that provide staffing to other facilities, firms or locations.
Background check	A surcharge of 10% of developed premium before debits/credits will be added to Firms not performing background checks on their employees and independent contractors.

IX. **Rates**

- A. All rates indicated below are for Professional Liability limits of \$1,000,000 each claim with a \$6,000,000 annual aggregate.

Class		Employed	Self-Employed
I	A	Occupational Therapists; Occupational Therapy Assistant; Certified Occupational Therapy Assistant	\$71 \$198
	B	Respiratory Care Provider; Respiratory Therapist	\$84 \$281
	C	Respiratory Therapist Technician/Technologist; Chiropractic Assistant; Optometric Technician/Assistant; Podiatric Assistant	\$84 \$234
II		Art Therapist; Dance Therapist; Music Therapist; Recreation Therapist	\$84 \$281
III	A	LPN/LVN; Registered Nurse	\$88 \$270
	B	Dietician; Nutritionist	\$84 \$234
	C	Bio-medical Technician/Technologist; Blood Bank Technician/Technologist; Cardiology Technician/Technologist; Certified Lab Technician/Technologist; Certified Medical Assistant; Clinical Lab Technician/Technologist; Community Health Assistant; Community Health Technician/Technologist; Diagnostic Medical Sonographer; Dialysis Technician/Technologist; EEG Technician/Technologist; EKG Technician/Technologist; Electrologist Histologic; Technician/Technologist; Medical Assistant; Medical Laboratory Technician/Technologist; Medical Records Administrator; Medical Records Technician/Technologist; Medical Technician; Medical Technician/Technologist Assistant; Medical Technologist;	\$84 \$164

**Healthcare and Allied Professional and Supplemental Liability**  
**Exception Pages: Illinois**

	Mental Retardation Workers; Nuclear Medical Technician/Technologist; Phlebotomist; Radiation Therapist; Radiology Technician/Technologist; Surgical Technician/Technologist; X-Ray Machine Operator		
D	Home Health Aid	\$84	\$90
E	Clinical Nurse Specialist-No Prescriptive Authority	\$88	\$311
IV A	Pharmacist	\$131	\$351
B	Pharmacy Technician	\$84	\$164
C	Pedorthist	\$104	\$291
V	Circulation Tech; Perfusionist	\$140	\$281
VI A	Massage Therapist	\$140	\$164
B	Enterostomal Therapist; Orthopedic Assistant	\$164	\$281
VII A	Athletic Trainer	\$187	\$889
B	Exercise Physiologist; Fitness Professional; Health Educator; Kinesiologist; Certified Personal Trainer; Sports Medicine Instructor	\$140	\$162
VIII A	Paramedic	\$149	\$215
B	Basic/Intermediate Emergency Medical Technician	\$136	\$195
C	Volunteer Emergency Medical Technician	\$70	\$70
IX A	Physical Therapist; Rehabilitation Therapist; Kinesiotherapist; Sports Medicine Therapist; Corrective Therapist; Physical Therapist Assistant; Rehabilitation Assistant	\$148	\$420
B	Physical Therapist Assistant; Rehabilitation Assistant	\$75	\$211
X	No Specialties in this class	----	---
XI	Nurse Practitioners/Clinical Nurse Specialists		
A	Adult/Geriatric/Family Planning/Gynecology/Women's Health/Adult Oncology	\$645	\$796
B	Psychiatric	\$911	\$1,126
C	Pediatric/Neonatal/Family Practice/Acute Critical Care	\$1,178	\$1,455
D	Obstetrics/Gynecology/Perinatal/Acute Care Obstetrics	\$1,446	\$1,787
E	Nurse Practitioner Student Clinical Nurse Specialists-Educator;	\$248	N/A
F	Consultant, Administrator and Researcher	\$419	\$517
XII	Audiologist; Speech Language Pathologist	\$74	\$126
XIII	Dental Hygienists	\$56	\$234

XIV	Dental Assistant; Laboratory Aide; Nurses Aide; Geriatric Nursing Assistant; Nursing Assistant; Physical Therapy Aide; Other Healthcare Aide(Excluding Home Health Aides)	\$46	\$164
XV A	Social Worker Clinical	\$113	\$270
B	Psychotherapist	\$405	\$855
C	Alcohol/Drug Counselor Case Manager; Clinical/Rehabilitation Counselor; Pastoral Counselor; School Counselor	\$113	\$297
D	Marriage/Family Counselor	\$113	\$239
Counties: Cook, DuPage, Madison and St. Clair			
XVI A	Physician Assistant Class 1(see Rules)	\$4,356	\$4,356
B	Physician Assistant Class 2(see Rules)	\$5,445	\$5,445
C	Physician Assistant Class 3(see Rules)	\$6,534	\$6,534
D	Physician Assistant Student	\$140	N/A
E	Registered Radiologist Assistant	N/A	N/A
Remainder of			

**Healthcare and Allied Professional and Supplemental Liability**  
**Exception Pages: Illinois**

State			
XVI A	Physician Assistant Class 1(see Rules)	\$3,598	\$3,598
B	Physician Assistant Class 2(see Rules)	\$4,498	\$4,498
C	Physician Assistant Class 3(see Rules)	\$5,397	\$5,397
D	Physician Assistant Student	\$140	N/A
E	Registered Radiologist Assistant	N/A	N/A
XVII A	Acupuncturist	\$658	\$658
B	Acupuncturist Student	\$140	\$N/A

**Healthcare and Allied Professional and Supplemental Liability**  
**Exception Pages: Illinois**

**State Exceptions.** Selected countrywide rules are amended as described below:

- I. Rule **XI. EXTENDED REPORTING PERIOD COVERAGE (Claims Made Only)** is amended by deleting paragraph H & I in their entirety and replacing paragraph I. with the following:

- I. Extended Reporting Period Factors -The factors in the following table shall be applied to the claims-made rate in effect at the beginning of the current policy period:

Years of Prior Claims Made Coverage	Installment Unlimited Factors Years			Prepaid Unlimited Factors
	1	2	3	
1	.36	.34	.28	.92
2	.58	.55	.39	1.43
3	.67	.55	.59	1.70
4 or more	.84	.55	.59	1.87

Any other option refer to company

- II. Rule **XIX. Premium Installment plans for both Individuals and Entities** is added as follows:

The following installment premium payment plans shall be offered:

1. For annual premiums up to and including \$80,000, a four-installment payment plan payable as follows:
  - a. an initial payment equal to 40% of the premium due at policy inception;
  - b. a second payment equal to 20% of the premium due 3 months from policy inception; and
  - c. a third payment equal to 20% of the premium due 6 months from policy inception.
  - d. a fourth payment equal to 20% of the premium due 9 months from the policy inception
2. For annual premiums in excess of \$80,000, a four-installment payment plan payable as follows:
  - a. an initial payment equal to 25% of the premium due at policy inception;
  - b. a second payment equal to 25% of the premium due 3 months from policy inception;
  - c. a third payment equal to 25% of the premium due 6 months from policy inception;
  - d. a fourth payment equal to 25% of the premium due 9 months from policy inception;

Additional premium resulting from changes to the policy shall be spread over the remaining installments, if any. If there are no remaining installments, additional premium resulting from changes to the policy shall be billed immediately as a separate transaction.

- III. Rule **XVI. Schedule Rating** is amended by adding the following:

Credits and debits shown below above are additive if more than one applies, they are subject to a maximum total credit or debit of 25% for all categories.

- V. Rule **XVII RULES FOR INDIVIDUALS** and Rule **XVIII. RULES FOR LEGAL ENTITIES**, is amended by deleting Paragraph A for both sections in their entirety and replacing it with the following:

- A. The following are the base limits used for premium calculation. Availability of limits by specialty or state may be restricted by underwriting guidelines:

**Healthcare and Allied Professional and Supplemental Liability**  
**Exception Pages: Illinois**

<b>Coverage</b>	<b>Limits of Liability</b>	
Professional Liability	\$1,000,000 each claim	\$6,000,000 aggregate
Good Samaritan Liability	Included in PL limit above	
Personal Injury Liability	Included in PL limit above	
License Protection	\$ 25,000 per proceeding	\$ 25,000 aggregate
Defendant Expense Benefit	\$1,000 per day	\$ 25,000 aggregate
Deposition Representation	\$ 10,000 per incident	\$ 10,000 aggregate
Assault	\$ 25,000 per incident	\$ 25,000 aggregate
Medical Payments	\$ 25,000 per person	\$ 100,000 aggregate
First Aid		\$ 10,000 aggregate
Damage to Property of Others	\$ 10,000 per incident	\$ 10,000 aggregate
Personal Liability		\$1,000,000 aggregate

Coverage for Certified Acts of Terrorism, as defined in the Terrorism Insurance Act of 2002, is included at no additional premium if General Liability is purchased.

VI. Rule **XVII RULES FOR INDIVIDUALS**, is amended at paragraph A by adding the following:

1. If General Liability is purchased, it is only available as a separate limit with a base limit of \$1,000,000 each claim and a \$1,000,000 aggregate limit for \$150.
2. When an Individual has several locations, and requests General Liability coverage, a \$50 charge per additional practice location will apply. This is not a separate limit of liability per location and will share in the limit of liability stated above.
3. When an Individual provides home healthcare, staffing or fitness, the annual rate will be 25% of the developed Professional Liability rate, subject to \$150 per policy minimum.
4. Other General Liability limits are available and associated with the following factors (which are with respect to the \$1M/\$1M rate).

<b>Increased Limit</b>	<b>Increased Limit Factor</b>
\$1,000,000/\$1,000,000	1.00
\$1,000,000/\$2,000,000	1.13
\$1,000,000/\$3,000,000	1.21
\$1,000,000/\$4,000,000	1.28
\$1,000,000/\$5,000,000	1.33
\$1,000,000/\$6,000,000	1.37
\$1,000,000/\$7,000,000	1.39
\$1,000,000/\$8,000,000	1.40
\$2,000,000/\$4,000,000	1.98
\$2,000,000/\$5,000,000	2.00
\$2,000,000/\$6,000,000	2.01
\$2,000,000/\$7,000,000	2.02
\$2,000,000/\$8,000,000	2.03

The General Liability Limit can not be higher then the Professional Liability Limit.

VII. Rule **XVII RULES FOR Entities**, is amended at paragraph D by deleting subsection 1 in its entirety and replacing it with the following:

**Healthcare and Allied Professional and Supplemental Liability**  
**Exception Pages: Illinois**

1. If General Liability is purchased, it is only available as a separate limit with a base limit of \$1,000,000 each claim and a \$1,000,000 aggregate limit for \$150.

VIII. Rule **XVIII. RULES FOR LEGAL ENTITIES** is amended by deleting paragraph 3 in its entirety and replacing it with the following:

**3. Exposure Debits**

Debits will be added based on the presence of the following: The Maximum debit will be 35%

Category	Debit
Registry/Staffing	A surcharge of 25% of developed premium before debits/credits will be added to Firms that provide staffing to other facilities, firms or locations.
Background check	A surcharge of 10% of developed premium before debits/credits will be added to Firms not performing background checks on their employees and independent contractors.

**XIX. Rates**

A. All rates indicated below are for Professional Liability limits of \$1,000,000 each claim with a \$6,000,000 annual aggregate.

Class		Employed	Self-Employed	
I	A	Occupational Therapists; Occupational Therapy Assistant; Certified Occupational Therapy Assistant	\$71	\$198
	B	Respiratory Care Provider; Respiratory Therapist	\$84	\$281
	C	Respiratory Therapist Technician/Technologist; Chiropractic Assistant; Optometric Technician/Assistant; Podiatric Assistant	\$84	\$234
II		Art Therapist; Dance Therapist; Music Therapist; Recreation Therapist	\$84	\$281
III	A	LPN/LVN; Registered Nurse	\$88	\$270
	B	Dietician; Nutritionist	\$84	\$234
	C	Bio-medical Technician/Technologist; Blood Bank Technician/Technologist; Cardiology Technician/Technologist; Certified Lab Technician/Technologist; Certified Medical Assistant; Clinical Lab Technician/Technologist; Community Health Assistant; Community Health Technician/Technologist; Diagnostic Medical Sonographer; Dialysis Technician/Technologist; EEG Technician/Technologist; EKG Technician/Technologist; Electrologist Histologic; Technician/Technologist; Medical Assistant; Medical Laboratory Technician/Technologist; Medical Records Administrator; Medical Records Technician/Technologist; Medical Technician; Medical Technician/Technologist Assistant; Medical Technologist; Mental Retardation Workers; Nuclear Medical Technician/Technologist; Phlebotomist; Radiation Therapist; Radiology Technician/Technologist; Surgical Technician/Technologist; X-Ray Machine Operator	\$84	\$164
	D	Home Health Aid	\$84	\$90

**Healthcare and Allied Professional and Supplemental Liability**  
**Exception Pages: Illinois**

E	Clinical Nurse Specialist-No Prescriptive Authority	\$88	\$311
IV A	Pharmacist	\$131	\$351
B	Pharmacy Technician	\$84	\$164
C	Pedorthist	\$104	\$291
V	Circulation Tech; Perfusionist	\$140	\$281
VI A	Massage Therapist	\$140	\$164
B	Enterostomal Therapist; Orthopedic Assistant	\$164	\$281
VII A	Athletic Trainer	\$187	\$889
B	Exercise Physiologist; Fitness Professional; Health Educator; Kinesiologist; Certified Personal Trainer; Sports Medicine Instructor	\$140	\$162
VIII A	Paramedic	\$149	\$215
B	Basic/Intermediate Emergency Medical Technician	\$136	\$195
C	Volunteer Emergency Medical Technician	\$70	\$70
IX A	Physical Therapist; Rehabilitation Therapist; Kinesiotherapist; Sports Medicine Therapist; Corrective Therapist; Physical Therapist Assistant; Rehabilitation Assistant	\$148	\$420
B	Physical Therapist Assistant; Rehabilitation Assistant	\$75	\$211
X	No Specialties in this class	----	---
XI	Nurse Practitioners/Clinical Nurse Specialists		
A	Adult/Geriatric/Family Planning/Gynecology/Women's Health/Adult Oncology	\$645	\$796
B	Psychiatric	\$911	\$1,126
C	Pediatric/Neonatal/Family Practice/Acute Critical Care	\$1,178	\$1,455
D	Obstetrics/Gynecology/Perinatal/Acute Care Obstetrics	\$1,446	\$1,787
E	Nurse Practitioner Student Clinical Nurse Specialists-Educator;	\$248	N/A
F	Consultant, Administrator and Researcher	\$419	\$517
XII	Audiologist; Speech Language Pathologist	\$74	\$126
XIII	Dental Hygienists	\$56	\$234

XIV	Dental Assistant; Laboratory Aide; Nurses Aide; Geriatric Nursing Assistant; Nursing Assistant; Physical Therapy Aide; Other Healthcare Aide(Excluding Home Health Aides)	\$46	\$164
XV A	Social Worker Clinical	\$113	\$270
B	Psychotherapist	\$405	\$855
C	Alcohol/Drug Counselor Case Manager; Clinical/Rehabilitation Counselor; Pastoral Counselor; School Counselor	\$113	\$297
D	Marriage/Family Counselor	\$113	\$239
Counties: Cook, DuPage, Madison and St. Clair			
XVI A	Physician Assistant Class 1(see Rules)	\$4,356	\$4,356
B	Physician Assistant Class 2(see Rules)	\$5,445	\$5,445
C	Physician Assistant Class 3(see Rules)	\$6,534	\$6,534
D	Physician Assistant Student	\$140	N/A
E	Registered Radiologist Assistant	N/A	N/A
Remainder of State		\$3,598	\$3,598
XVI A	Physician Assistant Class 1(see Rules)	\$4,498	\$4,498
B	Physician Assistant Class 2(see Rules)	\$5,397	\$5,397
C	Physician Assistant Class 3(see Rules)	\$140	N/A
D	Physician Assistant Student	N/A	N/A
E	Registered Radiologist Assistant		



**Healthcare and Allied Professional and Supplemental Liability**  
**Exception Pages: Illinois**

XVII A	Acupuncturist	\$658	\$658
B	Acupuncturist Student	\$140	\$N/A

**Healthcare and Allied Professional and Supplemental Liability**  
**Exception Pages: Illinois**

**IL-1**

**State Exceptions.** Selected countrywide rules are amended as described below:

**I. Amended Rules**

Reserved for future use

**II. Rates**

A. All rates indicated below are for Professional Liability limits of \$1,000,000 each claim with a \$6,000,000 annual aggregate.

Class			Employed	Self-Employed
I	A	Occupational Therapists; Occupational Therapy Assistant; Certified Occupational Therapy Assistant	\$71	\$198
	B	Respiratory Care Provider; Respiratory Therapist	\$84	\$281
	C	Respiratory Therapist Technician/Technologist; Chiropractic Assistant; Optometric Technician/Assistant; Podiatric Assistant	\$84	\$234
II		Art Therapist; Dance Therapist; Music Therapist; Recreation Therapist	\$84	\$281
III	A	LPN/LVN; Registered Nurse	\$88	\$270
	B	Dietician; Nutritionist	\$84	\$234
	C	Bio-medical Technician/Technologist; Blood Bank Technician/Technologist; Cardiology Technician/Technologist; Certified Lab Technician/Technologist; Certified Medical Assistant; Clinical Lab Technician/Technologist; Community Health Assistant; Community Health Technician/Technologist; Diagnostic Medical Sonographer; Dialysis Technician/Technologist; EEG Technician/Technologist; EKG Technician/Technologist; Electrologist Histologic; Technician/Technologist; Medical Assistant; Medical Laboratory Technician/Technologist; Medical Records Administrator; Medical Records Technician/Technologist; Medical Technician; Medical Technician/Technologist Assistant; Medical Technologist; Mental Retardation Workers; Nuclear Medical Technician/Technologist; Phlebotomist; Radiation Therapist; Radiology Technician/Technologist; Surgical Technician/Technologist; X-Ray Machine Operator	\$84	\$164
	D	Home Health Aid	\$84	\$90
	E	Clinical Nurse Specialist-No Prescriptive Authority	\$88	\$311
IV	A	Pharmacist	\$131	\$351
	B	Pharmacy Technician	\$84	\$164
	C	Pedorthist	\$104	\$291
V		Circulation Tech; Perfusionist	\$140	\$281
VI	A	Massage Therapist	\$140	\$164
	B	Enterostomal Therapist; Orthopedic Assistant	\$164	\$281
VII	A	Athletic Trainer	\$187	\$889
	B	Exercise Physiologist; Fitness Professional; Health Educator; Kinesiologist; Certified Personal Trainer; Sports Medicine Instructor	\$140	\$162
VIII	A	Paramedic	\$149	\$215
	B	Basic/Intermediate Emergency Medical Technician	\$136	\$195
	C	Volunteer Emergency Medical Technician	\$70	\$70

**Healthcare and Allied Professional and Supplemental Liability**  
**Exception Pages: Illinois**

**IL-2**

IX A	Physical Therapist; Rehabilitation Therapist; Kinesiotherapist; Sports Medicine Therapist; Corrective Therapist; Physical Therapist Assistant; Rehabilitation Assistant	\$148	\$420
B	Physical Therapist Assistant; Rehabilitation Assistant	\$75	\$211
X	No Specialties in this class	----	---
XI	Nurse Practitioners/Clinical Nurse Specialists		
A	Adult/Geriatric/Family Planning/Gynecology/Women's Health/Adult Oncology	\$645	\$796
B	Psychiatric	\$911	\$1,126
C	Pediatric/Neonatal/Family Practice/Acute Critical Care	\$1,178	\$1,455
D	Obstetrics/Gynecology/Perinatal/Acute Care Obstetrics	\$1,446	\$1,787
E	Nurse Practitioner Student Clinical Nurse Specialists-Educator;	\$248	N/A
F	Consultant, Administrator and Researcher	\$419	\$517
XII	Audiologist; Speech Language Pathologist	\$74	\$126
XIII	Dental Hygienists	\$56	\$234
XIV	Dental Assistant; Laboratory Aide; Nurses Aide; Geriatric Nursing Assistant; Nursing Assistant; Physical Therapy Aide; Other Healthcare Aide(Excluding Home Health Aides)	\$46	\$164
XV A	Social Worker Clinical	\$113	\$270
B	Psychotherapist	\$405	\$855
C	Case Manager; Clinical/Rehabilitation Counselor; Pastoral Counselor; School Counselor	\$113	\$297
D	Marriage/Family Counselor	\$113	\$239
Counties: Cook, DuPage, Madison and St. Clair			
XVI A	Physician Assistant Class 1(see Rules)	\$4,356	\$4,356
B	Physician Assistant Class 2(see Rules)	\$5,445	\$5,445
C	Physician Assistant Class 3(see Rules)	\$6,534	\$6,534
D	Physician Assistant Student	\$140	N/A
E	Registered Radiologist Assistant	N/A	N/A
Remainder of State		\$3,598	\$3,598
XVI A	Physician Assistant Class 1(see Rules)	\$4,498	\$4,498
B	Physician Assistant Class 2(see Rules)	\$5,397	\$5,397
C	Physician Assistant Class 3(see Rules)	\$140	N/A
D	Physician Assistant Student	N/A	N/A
E	Registered Radiologist Assistant		
XVII A	Acupuncturist	\$658	\$658
B	Acupuncturist Student	\$140	\$N/A

<b>State:</b>	Illinois	<b>Filing Company:</b>	ACE American Insurance Company
<b>TOI/Sub-TOI:</b>	11.0 Medical Malpractice - Claims Made/Occurrence/11.0029 Other		
<b>Product Name:</b>	12-MR-2009793(R)		
<b>Project Name/Number:</b>	Allied Healthcare - Individuals Program Filing /12-MR-2009793(R)		

## Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Explanatory Memorandum		
Comments:			
Attachment(s):			
Filing Memo - rates.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Form RF3 - (Summary Sheet)		
Comments:			
Attachment(s):			
IL RF3.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Certification		
Comments:			
Attachment(s):			
IL Statement of Actuarial Opinion 12-11.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Manual		
Comments:	Acknowledged		

		Item Status:	Status Date:
Satisfied - Item:	State Exception Pages - redlined		
Comments:			
Attachment(s):			
IL STATE EXCEPTION PAGE 06 28 12 redline.pdf			

Item Status:	Status Date:
--------------	--------------

<b>State:</b>	Illinois	<b>Filing Company:</b>	ACE American Insurance Company
<b>TOI/Sub-TOI:</b>	11.0 Medical Malpractice - Claims Made/Occurrence/11.0029 Other		
<b>Product Name:</b>	12-MR-2009793(R)		
<b>Project Name/Number:</b>	Allied Healthcare - Individuals Program Filing /12-MR-2009793(R)		

Satisfied - Item:	State Exception Pages - redlined		
Comments:			
Attachment(s):			
IL STATE EXCEPTION PAGE 06 20 12 redline.pdf			

		Item Status:	Status Date:
Satisfied - Item:	State Exception Pages - redlined		
Comments:			
Attachment(s):			
IL STATE EXCEPTION PAGE 06 19 12 redline.pdf			

		Item Status:	Status Date:
Satisfied - Item:	State Exception Pages - redlined		
Comments:			
Attachment(s):			
IL STATE EXCEPTION PAGE 06 12 12 redline.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Reference Document		
Comments:	We have attached, fro your reference, endorsement PF-37237.		
Attachment(s):			
PF37237 Part-Time or Semi-Retired Endorsement.pdf			

**ACE American Insurance Company**  
Allied Healthcare General and Professional Liability Program for Individuals  
Company Filing Number 12-MR-2009793(R)

ACE American Insurance Company has an Allied Healthcare Professional and General Liability Insurance Program approved for use in your state. That program is designed to address the liability insurance needs of entities. We are now filing to introduce a new program, Health Care and Allied Professional and Supplemental Liability Insurance Program, which offers professional and general liability coverage for allied healthcare practitioners working as solo practitioners or in groups of up to six covered practitioners in the classes specified in this Program Rules. Coverage will be offered on both an occurrence and claims-made basis.

This filing introduces the manual for the new program. A companion forms filing is submitted under separate cover.

We request approval at the earliest possible effective date.

Change in Company's premium or rate level produced by rate revision effective

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Medical Malpractice</u>	<u>0</u>	<u>0</u>

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

no

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Introduction of a new Allied Health Care program for up to six covered practitioners.

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

ACE American Insurance Company

Name of Company

*Nanette Tingle*Vice President and Actuary

Official - Title

**ACE American Insurance Company  
Illinois  
Allied Health  
Actuarial Certification**

1

**Statement of Actuarial Opinion**

215 ILCS 5/155.18

In my opinion, the rates proposed in this filing are based on sound actuarial principles and are not inconsistent with the company's experience.

Name: Nanette Tingley

Title: Vice President and Actuary

Accreditation: A.C.A.S., M.A.A.A.

Date: May 15, 2012

Signature: 

Name: Robert Reilly

Title: Vice President

Date: May 15, 2012

Signature: 



**Healthcare and Allied Professional and Supplemental Liability  
Exception Pages: Illinois**

**State Exceptions.** Selected countrywide rules are amended as described below:

- I. Rule XI. EXTENDED REPORTING PERIOD COVERAGE (Claims Made Only) is amended by deleting paragraph H & I in their entirety and replacing paragraph I. with the following:

Deleted: **Amended Rules**

Deleted: ¶

I. Extended Reporting Period Factors -The factors in the following table shall be applied to the claims-made rate in effect at the beginning of the current policy period:

<u>Years of Prior Claims Made Coverage</u>	<u>Installment Unlimited Factors</u>			<u>Prepaid Unlimited Factors</u>
	<u>Years</u>			
	<u>1</u>	<u>2</u>	<u>3</u>	
<u>1</u>	<u>.36</u>	<u>.34</u>	<u>.28</u>	<u>.92</u>
<u>2</u>	<u>.58</u>	<u>.55</u>	<u>.39</u>	<u>1.43</u>
<u>3</u>	<u>.67</u>	<u>.55</u>	<u>.59</u>	<u>1.70</u>
4 or more	.84	.55	.59	1.87

Any other option refer to company

- II. Rule XIX. Premium Installment plans for both Individuals and Entities is added as follows:

The following installment premium payment plans shall be offered:

1. For annual premiums up to and including \$80,000, a four-installment payment plan payable as follows:
  - a. an initial payment equal to 40% of the premium due at policy inception;
  - b. a second payment equal to 20% of the premium due 3 months from policy inception; and
  - c. a third payment equal to 20% of the premium due 6 months from policy inception.
  - d. a fourth payment equal to 20% of the premium due 9 months from the policy inception
2. For annual premiums in excess of \$80,000, a four-installment payment plan payable as follows:
  - a. an initial payment equal to 25% of the premium due at policy inception;
  - b. a second payment equal to 25% of the premium due 3 months from policy inception;
  - c. a third payment equal to 25% of the premium due 6 months from policy inception;
  - d. a fourth payment equal to 25% of the premium due 9 months from policy inception;

Additional premium resulting from changes to the policy shall be spread over the remaining installments, if any. If there are no remaining installments, additional premium resulting from changes to the policy shall be billed immediately as a separate transaction.

- JII. Rule XVI. Schedule Rating is amended by adding the following:

Deleted: ¶

Credits and debits shown below above are additive if more than one applies, they are subject to a maximum total credit or debit of 25% for all categories.

- IV. Rule XVII. RULES FOR INDIVIDUALS and Rule XVIII. RULES FOR LEGAL ENTITIES, is amended by deleting Paragraph A for both sections in their entirety and replacing it with the following:

A. The following are the base limits used for premium calculation. Availability of limits by specialty or state may be restricted by underwriting guidelines:

Deleted: 2

**Healthcare and Allied Professional and Supplemental Liability  
Exception Pages: Illinois**

<b>Coverage</b>	<b>Limits of Liability</b>	
Professional Liability	\$1,000,000 each claim	\$6,000,000 aggregate
Good Samaritan Liability	Included in PL limit above	
Personal Injury Liability	Included in PL limit above	
License Protection	\$ 25,000 per proceeding	\$ 25,000 aggregate
Defendant Expense Benefit	\$1,000 per day	\$ 25,000 aggregate
Deposition Representation	\$ 10,000 per incident	\$ 10,000 aggregate
Assault	\$ 25,000 per incident	\$ 25,000 aggregate
Medical Payments	\$ 25,000 per person	\$ 100,000 aggregate
First Aid		\$ 10,000 aggregate
Damage to Property of Others	\$ 10,000 per incident	\$ 10,000 aggregate
Personal Liability		\$1,000,000 aggregate

Deleted: General Liability ... [1]

Coverage for Certified Acts of Terrorism, as defined in the Terrorism Insurance Act of 2002, is included at no additional premium if General Liability is purchased.

V. Rule **XVII. RULES FOR INDIVIDUALS**, is amended at paragraph A by adding the following:

Formatted: Indent: Hanging: 49.5 pt

1. If General Liability is purchased, it is only available as a separate limit with a base limit of \$1,000,000 each claim and a \$1,000,000 aggregate limit for \$150.
2. When an Individual has several locations, and requests General Liability coverage, a \$50 charge per additional practice location will apply. This is not a separate limit of liability per location and will share in the limit of liability stated above.
3. When an Individual provides home healthcare, staffing or fitness, the annual rate will be 25% of the developed Professional Liability rate, subject to \$150 per policy minimum.
4. Other General Liability limits are available and associated with the following factors (which are with respect to the \$1M/\$1M rate).

<b>Increased Limit</b>	<b>Increased Limit Factor</b>
\$1,000,000/\$1,000,000	1.00
\$1,000,000/\$2,000,000	1.13
\$1,000,000/\$3,000,000	1.21
\$1,000,000/\$4,000,000	1.28
\$1,000,000/\$5,000,000	1.33
\$1,000,000/\$6,000,000	1.37
\$1,000,000/\$7,000,000	1.39
\$1,000,000/\$8,000,000	1.40
\$2,000,000/\$4,000,000	1.98
\$2,000,000/\$5,000,000	2.00
\$2,000,000/\$6,000,000	2.01
\$2,000,000/\$7,000,000	2.02
\$2,000,000/\$8,000,000	2.03

The General Liability Limit can not be higher then the Professional Liability Limit.

VI. Rule **XVII. RULES FOR INDIVIDUALS**, is amended by deleting sub-section B. 3, **Part Time**, in its entirety and replacing it with the following:

Individual Healthcare Provider who works 24 or fewer hours per week may be eligible for a rate reduction of 50% subject to a minimum premium. Physician Assistants will be eligible for a rate reduction of 35%.

Deleted: 2

**ACE AMERICAN INSURANCE COMPANY**

Edition **6/2012**

**Healthcare and Allied Professional and Supplemental Liability  
Exception Pages: Illinois**

a. When part time rates result in an amount that is less than \$100, the rate will be the lesser of either the individual's full time base rate or \$100.

b. Part time rate is available to an employed individual who works 24 or fewer hours per week in a self-employed capacity for that individual's self-employed pursuits.

c. The part time rate reduction is not available for nurse practitioners.

VII. Rule XVIII., RULES FOR Legal Entities, is amended at paragraph D by deleting subsection 1 in its entirety and replacing it with the following:

1. If General Liability is purchased, it is only available as a separate limit with a base limit of \$1,000,000 each claim and a \$1,000,000 aggregate limit for \$150.

VIII. Rule XVIII. RULES FOR LEGAL ENTITIES is amended by deleting paragraph 3 in its entirety and replacing it with the following:

3. **Exposure Debits**

Debits will be added based on the presence of the following: The Maximum debit will be 35%

<u>Category</u>	<u>Debit</u>
<u>Registry/Staffing</u>	<u>A surcharge of 25% of developed premium before debits/credits will be added to Firms that provide staffing to other facilities, firms or locations.</u>
<u>Background check</u>	<u>A surcharge of 10% of developed premium before debits/credits will be added to Firms not performing background checks on their employees and independent contractors.</u>

IX. **Rates**

A. All rates indicated below are for Professional Liability limits of \$1,000,000 each claim with a \$6,000,000 annual aggregate.

Class			Employed	Self-Employed
I	A	Occupational Therapists; Occupational Therapy Assistant; Certified Occupational Therapy Assistant	\$71	\$198
	B	Respiratory Care Provider; Respiratory Therapist	\$84	\$281
	C	Respiratory Therapist Technician/Technologist; Chiropractic Assistant; Optometric Technician/Assistant; Podiatric Assistant	\$84	\$234
II		Art Therapist; Dance Therapist; Music Therapist; Recreation Therapist	\$84	\$281
III	A	LPN/LVN; Registered Nurse	\$88	\$270
	B	Dietician; Nutritionist	\$84	\$234
	C	Bio-medical Technician/Technologist; Blood Bank	\$84	\$164

Deleted: Reserved for future use¶

Deleted: ¶  
II.

Formatted: Bullets and Numbering

Deleted: 2

**Healthcare and Allied Professional and Supplemental Liability**  
**Exception Pages: Illinois**

	Technician/Technologist; Cardiology Technician/Technologist; Certified Lab Technician/Technologist; Certified Medical Assistant; Clinical Lab Technician/Technologist; Community Health Assistant; Community Health Technician/Technologist; Diagnostic Medical Sonographer; Dialysis Technician/Technologist; EEG Technician/Technologist; EKG Technician/Technologist; Electrologist Histologic; Technician/Technologist; Medical Assistant; Medical Laboratory Technician/Technologist; Medical Records Administrator; Medical Records Technician/Technologist; Medical Technician; Medical Technician/Technologist Assistant; Medical Technologist; Mental Retardation Workers; Nuclear Medical Technician/Technologist; Phlebotomist; Radiation Therapist; Radiology Technician/Technologist; Surgical Technician/Technologist; X-Ray Machine Operator		
D	Home Health Aid	\$84	\$90
E	Clinical Nurse Specialist-No Prescriptive Authority	\$88	\$311
IV A	Pharmacist	\$131	\$351
B	Pharmacy Technician	\$84	\$164
C	Pedorthist	\$104	\$291
V	Circulation Tech; Perfusionist	\$140	\$281
VI A	Massage Therapist	\$140	\$164
B	Enterostomal Therapist; Orthopedic Assistant	\$164	\$281
VII A	Athletic Trainer	\$187	\$889
B	Exercise Physiologist; Fitness Professional; Health Educator; Kinesiologist; Certified Personal Trainer; Sports Medicine Instructor	\$140	\$162
VIII A	Paramedic	\$149	\$215
B	Basic/Intermediate Emergency Medical Technician	\$136	\$195
C	Volunteer Emergency Medical Technician	\$70	\$70
IX A	Physical Therapist; Rehabilitation Therapist; Kinesiotherapist; Sports Medicine Therapist; Corrective Therapist; Physical Therapist Assistant; Rehabilitation Assistant	\$148	\$420
B	Physical Therapist Assistant; Rehabilitation Assistant	\$75	\$211
X	No Specialties in this class	----	---
XI	Nurse Practitioners/Clinical Nurse Specialists		
A	Adult/Geriatric/Family Planning/Gynecology/Women's Health/Adult Oncology	\$645	\$796
B	Psychiatric	\$911	\$1,126
C	Pediatric/Neonatal/Family Practice/Acute Critical Care	\$1,178	\$1,455
D	Obstetrics/Gynecology/Perinatal/Acute Care Obstetrics	\$1,446	\$1,787
E	Nurse Practitioner Student	\$248	N/A
F	Clinical Nurse Specialists-Educator; Consultant, Administrator and Researcher	\$419	\$517
XII	Audiologist; Speech Language Pathologist	\$74	\$126
XIII	Dental Hygienists	\$56	\$234

XIV	Dental Assistant; Laboratory Aide; Nurses Aide; Geriatric Nursing Assistant; Nursing Assistant; Physical Therapy Aide; Other Healthcare Aide(Excluding Home Health Aides)	\$46	\$164
XV A	Social Worker Clinical	\$113	\$270
B	Psychotherapist	\$405	\$855
C	Alcohol/Drug Counselor Case Manager; Clinical/Rehabilitation Counselor; Pastoral Counselor; School Counselor	\$113	\$297

**ACE AMERICAN INSURANCE COMPANY**

**Edition 6/2012**

Deleted: 2

**Healthcare and Allied Professional and Supplemental Liability**  
**Exception Pages: Illinois**

D	Marriage/Family Counselor	\$113	\$239
Counties: Cook, DuPage, Madison and St. Clair			
XVI A	Physician Assistant Class 1(see Rules)	\$4,356	\$4,356
B	Physician Assistant Class 2(see Rules)	\$5,445	\$5,445
C	Physician Assistant Class 3(see Rules)	\$6,534	\$6,534
D	Physician Assistant Student	\$140	N/A
E	Registered Radiologist Assistant	N/A	N/A
Remainder of State		\$3,598	\$3,598
XVI A	Physician Assistant Class 1(see Rules)	\$4,498	\$4,498
B	Physician Assistant Class 2(see Rules)	\$5,397	\$5,397
C	Physician Assistant Class 3(see Rules)	\$140	N/A
D	Physician Assistant Student	N/A	N/A
E	Registered Radiologist Assistant		
XVII A	Acupuncturist	\$658	\$658
B	Acupuncturist Student	\$140	\$N/A

General Liability		
-------------------	--	--

**Healthcare and Allied Professional and Supplemental Liability  
Exception Pages: Illinois**

**State Exceptions.** Selected countrywide rules are amended as described below:

- I. Rule XI. EXTENDED REPORTING PERIOD COVERAGE (Claims Made Only) is amended by deleting paragraph H & I in their entirety and replacing paragraph I. with the following:

Deleted: **Amended Rules**

Deleted: ¶

I. Extended Reporting Period Factors -The factors in the following table shall be applied to the claims-made rate in effect at the beginning of the current policy period:

<u>Years of Prior Claims Made Coverage</u>	<u>Installment Unlimited Factors</u>			<u>Prepaid Unlimited Factors</u>
	<u>Years</u>			
	<u>1</u>	<u>2</u>	<u>3</u>	
<u>1</u>	<u>.36</u>	<u>.34</u>	<u>.28</u>	<u>.92</u>
<u>2</u>	<u>.58</u>	<u>.55</u>	<u>.39</u>	<u>1.43</u>
<u>3</u>	<u>.67</u>	<u>.55</u>	<u>.59</u>	<u>1.70</u>
4 or more	.84	.55	.59	1.87

Any other option refer to company

- II. Rule XIX. Premium Installment plans for both Individuals and Entities is added as follows:

The following installment premium payment plans shall be offered:

1. For annual premiums up to and including \$80,000, a four-installment payment plan payable as follows:
  - a. an initial payment equal to 40% of the premium due at policy inception;
  - b. a second payment equal to 20% of the premium due 3 months from policy inception; and
  - c. a third payment equal to 20% of the premium due 6 months from policy inception.
  - d. a fourth payment equal to 20% of the premium due 9 months from the policy inception
2. For annual premiums in excess of \$80,000, a four-installment payment plan payable as follows:
  - a. an initial payment equal to 25% of the premium due at policy inception;
  - b. a second payment equal to 25% of the premium due 3 months from policy inception;
  - c. a third payment equal to 25% of the premium due 6 months from policy inception;
  - d. a fourth payment equal to 25% of the premium due 9 months from policy inception;

Additional premium resulting from changes to the policy shall be spread over the remaining installments, if any. If there are no remaining installments, additional premium resulting from changes to the policy shall be billed immediately as a separate transaction.

- JII. Rule XVI. Schedule Rating is amended by adding the following:

Deleted: ¶

Credits and debits shown below above are additive if more than one applies, they are subject to a maximum total credit or debit of 25% for all categories.

- IV. Rule XVII. RULES FOR INDIVIDUALS and Rule XVIII. RULES FOR LEGAL ENTITIES, is amended by deleting Paragraph A for both sections in their entirety and replacing it with the following:

A. The following are the base limits used for premium calculation. Availability of limits by specialty or state may be restricted by underwriting guidelines:

**Healthcare and Allied Professional and Supplemental Liability**  
**Exception Pages: Illinois**

<b>Coverage</b>	<b>Limits of Liability</b>	
Professional Liability	\$1,000,000 each claim	\$6,000,000 aggregate
Good Samaritan Liability	Included in PL limit above	
Personal Injury Liability	Included in PL limit above	
License Protection	\$ 25,000 per proceeding	\$ 25,000 aggregate
Defendant Expense Benefit	\$1,000 per day	\$ 25,000 aggregate
Deposition Representation	\$ 10,000 per incident	\$ 10,000 aggregate
Assault	\$ 25,000 per incident	\$ 25,000 aggregate
Medical Payments	\$ 25,000 per person	\$ 100,000 aggregate
First Aid		\$ 10,000 aggregate
Damage to Property of Others	\$ 10,000 per incident	\$ 10,000 aggregate
Personal Liability		\$1,000,000 aggregate

Deleted: General Liability ... [1]

Coverage for Certified Acts of Terrorism, as defined in the Terrorism Insurance Act of 2002, is included at no additional premium if General Liability is purchased.

V. Rule **XVII. RULES FOR INDIVIDUALS**, is amended at paragraph A by adding the following:

1. If General Liability is purchased, it is only available as a separate limit with a base limit of \$1,000,000 each claim and a \$1,000,000 aggregate limit for \$150.
2. When an Individual has several locations, and requests General Liability coverage, a \$50 charge per additional practice location will apply. This is not a separate limit of liability per location and will share in the limit of liability stated above.
3. When an Individual provides home healthcare, staffing or fitness, the annual rate will be 25% of the developed Professional Liability rate, subject to \$150 per policy minimum.
4. Other General Liability limits are available and associated with the following factors (which are with respect to the \$1M/\$1M rate).

<b>Increased Limit</b>	<b>Increased Limit Factor</b>
\$1,000,000/\$1,000,000	1.00
\$1,000,000/\$2,000,000	1.13
\$1,000,000/\$3,000,000	1.21
\$1,000,000/\$4,000,000	1.28
\$1,000,000/\$5,000,000	1.33
\$1,000,000/\$6,000,000	1.37
\$1,000,000/\$7,000,000	1.39
\$1,000,000/\$8,000,000	1.40
\$2,000,000/\$4,000,000	1.98
\$2,000,000/\$5,000,000	2.00
\$2,000,000/\$6,000,000	2.01
\$2,000,000/\$7,000,000	2.02
\$2,000,000/\$8,000,000	2.03

The General Liability Limit can not be higher then the Professional Liability Limit.

VI. Rule **XVII. RULES FOR INDIVIDUALS**, is amended by deleting the first paragraph and paragraphs b. and d. of sub-section B. 3, **Part-Time**, in their entirety and replacing it with the following:

Individual Healthcare Provider who works 24 or fewer hours per week may be eligible for a rate reduction of 50% subject to a minimum premium. Physician Assistants will be eligible for a rate reduction of 35%.

Deleted: 2

**ACE AMERICAN INSURANCE COMPANY**

**Edition 6/2012**



**Healthcare and Allied Professional and Supplemental Liability  
Exception Pages: Illinois**

d. The part time rate reduction is not available for nurse practitioners.

VII. Rule XVIII., RULES FOR Legal Entities, is amended at paragraph D by deleting subsection 1 in its entirety and replacing it with the following:

1. If General Liability is purchased, it is only available as a separate limit with a base limit of \$1,000,000 each claim and a \$1,000,000 aggregate limit for \$150.

VIII. Rule XVIII. RULES FOR LEGAL ENTITIES is amended by deleting paragraph 3 in its entirety and replacing it with the following:

3. **Exposure Debits**

Debits will be added based on the presence of the following: The Maximum debit will be 35%

<u>Category</u>	<u>Debit</u>
<u>Registry/Staffing</u>	<u>A surcharge of 25% of developed premium before debits/credits will be added to Firms that provide staffing to other facilities, firms or locations.</u>
<u>Background check</u>	<u>A surcharge of 10% of developed premium before debits/credits will be added to Firms not performing background checks on their employees and independent contractors.</u>

IX. **Rates**

A. All rates indicated below are for Professional Liability limits of \$1,000,000 each claim with a \$6,000,000 annual aggregate.

Class		Employed	Self-Employed
I	A	Occupational Therapists; Occupational Therapy Assistant; Certified Occupational Therapy Assistant	\$71 \$198
	B	Respiratory Care Provider; Respiratory Therapist	\$84 \$281
	C	Respiratory Therapist Technician/Technologist; Chiropractic Assistant; Optometric Technician/Assistant; Podiatric Assistant	\$84 \$234
II		Art Therapist; Dance Therapist; Music Therapist; Recreation Therapist	\$84 \$281
III	A	LPN/LVN; Registered Nurse	\$88 \$270
	B	Dietician; Nutritionist	\$84 \$234
	C	Bio-medical Technician/Technologist; Blood Bank Technician/Technologist; Cardiology Technician/Technologist; Certified Lab Technician/Technologist; Certified Medical Assistant; Clinical Lab Technician/Technologist; Community Health Assistant; Community Health Technician/Technologist; Diagnostic Medical Sonographer; Dialysis Technician/Technologist; EEG Technician/Technologist; EKG Technician/Technologist; Electrologist Histologic; Technician/Technologist; Medical Assistant; Medical	\$84 \$164

Deleted: Reserved for future use¶

Deleted: ¶  
II.

Formatted: Bullets and Numbering

Deleted: 2

**Healthcare and Allied Professional and Supplemental Liability**  
**Exception Pages: Illinois**

	Laboratory Technician/Technologist; Medical Records Administrator; Medical Records Technician/Technologist; Medical Technician; Medical Technician/Technologist Assistant; Medical Technologist; Mental Retardation Workers; Nuclear Medical Technician/Technologist; Phlebotomist; Radiation Therapist; Radiology Technician/Technologist; Surgical Technician/Technologist; X-Ray Machine Operator		
D	Home Health Aid	\$84	\$90
E	Clinical Nurse Specialist-No Prescriptive Authority	\$88	\$311
IV A	Pharmacist	\$131	\$351
B	Pharmacy Technician	\$84	\$164
C	Pedorthist	\$104	\$291
V	Circulation Tech; Perfusionist	\$140	\$281
VI A	Massage Therapist	\$140	\$164
B	Enterostomal Therapist; Orthopedic Assistant	\$164	\$281
VII A	Athletic Trainer	\$187	\$889
B	Exercise Physiologist; Fitness Professional; Health Educator; Kinesiologist; Certified Personal Trainer; Sports Medicine Instructor	\$140	\$162
VIII A	Paramedic	\$149	\$215
B	Basic/Intermediate Emergency Medical Technician	\$136	\$195
C	Volunteer Emergency Medical Technician	\$70	\$70
IX A	Physical Therapist; Rehabilitation Therapist; Kinesiotherapist; Sports Medicine Therapist; Corrective Therapist; Physical Therapist Assistant; Rehabilitation Assistant	\$148	\$420
B	Physical Therapist Assistant; Rehabilitation Assistant	\$75	\$211
X	No Specialties in this class	----	---
XI	Nurse Practitioners/Clinical Nurse Specialists		
A	Adult/Geriatric/Family Planning/Gynecology/Women's Health/Adult Oncology	\$645	\$796
B	Psychiatric	\$911	\$1,126
C	Pediatric/Neonatal/Family Practice/Acute Critical Care	\$1,178	\$1,455
D	Obstetrics/Gynecology/Perinatal/Acute Care Obstetrics	\$1,446	\$1,787
E	Nurse Practitioner Student	\$248	N/A
F	Clinical Nurse Specialists-Educator; Consultant, Administrator and Researcher	\$419	\$517
XII	Audiologist; Speech Language Pathologist	\$74	\$126
XIII	Dental Hygienists	\$56	\$234

XIV	Dental Assistant; Laboratory Aide; Nurses Aide; Geriatric Nursing Assistant; Nursing Assistant; Physical Therapy Aide; Other Healthcare Aide(Excluding Home Health Aides)	\$46	\$164
XV A	Social Worker Clinical	\$113	\$270
B	Psychotherapist	\$405	\$855
C	Alcohol/Drug Counselor Case Manager; Clinical/Rehabilitation Counselor; Pastoral Counselor; School Counselor	\$113	\$297
D	Marriage/Family Counselor	\$113	\$239
Counties: Cook, DuPage, Madison and St. Clair			
XVI A	Physician Assistant Class 1(see Rules)	\$4,356	\$4,356
B	Physician Assistant Class 2(see Rules)	\$5,445	\$5,445

**ACE AMERICAN INSURANCE COMPANY**

**Edition 6/2012**

Deleted: 2

**Healthcare and Allied Professional and Supplemental Liability**  
**Exception Pages: Illinois**

C	Physician Assistant Class 3(see Rules)	\$6,534	\$6,534
D	Physician Assistant Student	\$140	N/A
E	Registered Radiologist Assistant	N/A	N/A
Remainder of State		\$3,598	\$3,598
XVI A	Physician Assistant Class 1(see Rules)	\$4,498	\$4,498
B	Physician Assistant Class 2(see Rules)	\$5,397	\$5,397
C	Physician Assistant Class 3(see Rules)	\$140	N/A
D	Physician Assistant Student	N/A	N/A
E	Registered Radiologist Assistant		
XVII A	Acupuncturist	\$658	\$658
B	Acupuncturist Student	\$140	\$N/A

General Liability		
-------------------	--	--

**Healthcare and Allied Professional and Supplemental Liability  
Exception Pages: Illinois**

**State Exceptions.** Selected countrywide rules are amended as described below:

- I. Rule XI. EXTENDED REPORTING PERIOD COVERAGE (Claims Made Only) is amended by deleting paragraph H & I in their entirety and replacing paragraph I. with the following:

Deleted: **Amended Rules**

Deleted: ¶

I. Extended Reporting Period Factors -The factors in the following table shall be applied to the claims-made rate in effect at the beginning of the current policy period:

<u>Years of Prior Claims Made Coverage</u>	<u>Installment Unlimited Factors</u>			<u>Prepaid Unlimited Factors</u>
	<u>Years</u>			
	<u>1</u>	<u>2</u>	<u>3</u>	
<u>1</u>	<u>.36</u>	<u>.34</u>	<u>.28</u>	<u>.92</u>
<u>2</u>	<u>.58</u>	<u>.55</u>	<u>.39</u>	<u>1.43</u>
<u>3</u>	<u>.67</u>	<u>.55</u>	<u>.59</u>	<u>1.70</u>
4 or more	.84	.55	.59	1.87

Any other option refer to company

- II. Rule XIX. Premium Installment plans for both Individuals and Entities is added as follows:

The following installment premium payment plans shall be offered:

1. For annual premiums up to and including \$80,000, a four-installment payment plan payable as follows:
  - a. an initial payment equal to 40% of the premium due at policy inception;
  - b. a second payment equal to 20% of the premium due 3 months from policy inception; and
  - c. a third payment equal to 20% of the premium due 6 months from policy inception.
  - d. a fourth payment equal to 20% of the premium due 9 months from the policy inception
2. For annual premiums in excess of \$80,000, a four-installment payment plan payable as follows:
  - a. an initial payment equal to 25% of the premium due at policy inception;
  - b. a second payment equal to 25% of the premium due 3 months from policy inception;
  - c. a third payment equal to 25% of the premium due 6 months from policy inception;
  - d. a fourth payment equal to 25% of the premium due 9 months from policy inception;

Additional premium resulting from changes to the policy shall be spread over the remaining installments, if any. If there are no remaining installments, additional premium resulting from changes to the policy shall be billed immediately as a separate transaction.

- JII. Rule XVI. Schedule Rating is amended by adding the following:

Deleted: ¶

Credits and debits shown below above are additive if more than one applies, they are subject to a maximum total credit or debit of 25% for all categories.

- IV. Rule XVII. RULES FOR INDIVIDUALS and Rule XVIII. RULES FOR LEGAL ENTITIES, is amended by deleting Paragraph A for both sections in their entirety and replacing it with the following:

A. The following are the base limits used for premium calculation. Availability of limits by specialty or state may be restricted by underwriting guidelines:

**Healthcare and Allied Professional and Supplemental Liability  
Exception Pages: Illinois**

<b>Coverage</b>	<b>Limits of Liability</b>	
Professional Liability	\$1,000,000 each claim	\$6,000,000 aggregate
Good Samaritan Liability	Included in PL limit above	
Personal Injury Liability	Included in PL limit above	
License Protection	\$ 25,000 per proceeding	\$ 25,000 aggregate
Defendant Expense Benefit	\$1,000 per day	\$ 25,000 aggregate
Deposition Representation	\$ 10,000 per incident	\$ 10,000 aggregate
Assault	\$ 25,000 per incident	\$ 25,000 aggregate
Medical Payments	\$ 25,000 per person	\$ 100,000 aggregate
First Aid		\$ 10,000 aggregate
Damage to Property of Others	\$ 10,000 per incident	\$ 10,000 aggregate
Personal Liability		\$1,000,000 aggregate

Deleted: General Liability ... [1]

Coverage for Certified Acts of Terrorism, as defined in the Terrorism Insurance Act of 2002, is included at no additional premium if General Liability is purchased.

V. Rule **XVII. RULES FOR INDIVIDUALS**, is amended at paragraph A by adding the following:

1. If General Liability is purchased, it is only available as a separate limit with a base limit of \$1,000,000 each claim and a \$1,000,000 aggregate limit for \$150.
2. When an Individual has several locations, and requests General Liability coverage, a \$50 charge per additional practice location will apply. This is not a separate limit of liability per location and will share in the limit of liability stated above.
3. When an Individual provides home healthcare, staffing or fitness, the annual rate will be 25% of the developed Professional Liability rate, subject to \$150 per policy minimum.
4. Other General Liability limits are available and associated with the following factors (which are with respect to the \$1M/\$1M rate).

<b>Increased Limit</b>	<b>Increased Limit Factor</b>
\$1,000,000/\$1,000,000	1.00
\$1,000,000/\$2,000,000	1.13
\$1,000,000/\$3,000,000	1.21
\$1,000,000/\$4,000,000	1.28
\$1,000,000/\$5,000,000	1.33
\$1,000,000/\$6,000,000	1.37
\$1,000,000/\$7,000,000	1.39
\$1,000,000/\$8,000,000	1.40
\$2,000,000/\$4,000,000	1.98
\$2,000,000/\$5,000,000	2.00
\$2,000,000/\$6,000,000	2.01
\$2,000,000/\$7,000,000	2.02
\$2,000,000/\$8,000,000	2.03

The General Liability Limit can not be higher then the Professional Liability Limit.

VI. Rule **XVII. RULES FOR INDIVIDUALS**, is amended by deleting the first paragraph of sub-section B. 3. **Part-Time**, in its entirety and replacing it with the following:

Individual Healthcare Provider who works 24 or fewer hours per week may be eligible for a rate reduction of 50% subject to a minimum premium. Physician Assistants will be eligible for a rate reduction of 35%.

Deleted: 2

**Healthcare and Allied Professional and Supplemental Liability  
Exception Pages: Illinois**

VII. Rule XVIII., RULES FOR Legal Entities, is amended at paragraph D by deleting subsection 1 in its entirety and replacing it with the following:

1. If General Liability is purchased, it is only available as a separate limit with a base limit of \$1,000,000 each claim and a \$1,000,000 aggregate limit for \$150.

VIII. Rule XVIII. RULES FOR LEGAL ENTITIES is amended by deleting paragraph 3 in its entirety and replacing it with the following:

**3. Exposure Debits**

Debits will be added based on the presence of the following: The Maximum debit will be 35%

Category	Debit
<u>Registry/Staffing</u>	<u>A surcharge of 25% of developed premium before debits/credits will be added to Firms that provide staffing to other facilities, firms or locations.</u>
<u>Background check</u>	<u>A surcharge of 10% of developed premium before debits/credits will be added to Firms not performing background checks on their employees and independent contractors.</u>

IX. **Rates**

A. All rates indicated below are for Professional Liability limits of \$1,000,000 each claim with a \$6,000,000 annual aggregate.

Class		Employed	Self-Employed
I	A	Occupational Therapists; Occupational Therapy Assistant; Certified Occupational Therapy Assistant	\$71 \$198
	B	Respiratory Care Provider; Respiratory Therapist	\$84 \$281
	C	Respiratory Therapist Technician/Technologist; Chiropractic Assistant; Optometric Technician/Assistant; Podiatric Assistant	\$84 \$234
II		Art Therapist; Dance Therapist; Music Therapist; Recreation Therapist	\$84 \$281
III	A	LPN/LVN; Registered Nurse	\$88 \$270
	B	Dietician; Nutritionist	\$84 \$234
	C	Bio-medical Technician/Technologist; Blood Bank Technician/Technologist; Cardiology Technician/Technologist; Certified Lab Technician/Technologist; Certified Medical Assistant; Clinical Lab Technician/Technologist; Community Health Assistant; Community Health Technician/Technologist; Diagnostic Medical Sonographer; Dialysis Technician/Technologist; EEG Technician/Technologist; EKG Technician/Technologist; Electrologist Histologic; Technician/Technologist; Medical Assistant; Medical Laboratory Technician/Technologist; Medical Records Administrator; Medical Records Technician/Technologist; Medical Technician; Medical Technician/Technologist Assistant; Medical Technologist;	\$84 \$164

Deleted: Reserved for future use¶

Deleted: ¶  
II.

Formatted: Bullets and Numbering

Deleted: 2

**Healthcare and Allied Professional and Supplemental Liability**  
**Exception Pages: Illinois**

	Mental Retardation Workers; Nuclear Medical Technician/Technologist; Phlebotomist; Radiation Therapist; Radiology Technician/Technologist; Surgical Technician/Technologist; X-Ray Machine Operator		
D	Home Health Aid	\$84	\$90
E	Clinical Nurse Specialist-No Prescriptive Authority	\$88	\$311
IV A	Pharmacist	\$131	\$351
B	Pharmacy Technician	\$84	\$164
C	Pedorthist	\$104	\$291
V	Circulation Tech; Perfusionist	\$140	\$281
VI A	Massage Therapist	\$140	\$164
B	Enterostomal Therapist; Orthopedic Assistant	\$164	\$281
VII A	Athletic Trainer	\$187	\$889
B	Exercise Physiologist; Fitness Professional; Health Educator; Kinesiologist; Certified Personal Trainer; Sports Medicine Instructor	\$140	\$162
VIII A	Paramedic	\$149	\$215
B	Basic/Intermediate Emergency Medical Technician	\$136	\$195
C	Volunteer Emergency Medical Technician	\$70	\$70
IX A	Physical Therapist; Rehabilitation Therapist; Kinesiotherapist; Sports Medicine Therapist; Corrective Therapist; Physical Therapist Assistant; Rehabilitation Assistant	\$148	\$420
B	Physical Therapist Assistant; Rehabilitation Assistant	\$75	\$211
X	No Specialties in this class	----	---
XI	Nurse Practitioners/Clinical Nurse Specialists		
A	Adult/Geriatric/Family Planning/Gynecology/Women's Health/Adult Oncology	\$645	\$796
B	Psychiatric	\$911	\$1,126
C	Pediatric/Neonatal/Family Practice/Acute Critical Care	\$1,178	\$1,455
D	Obstetrics/Gynecology/Perinatal/Acute Care Obstetrics	\$1,446	\$1,787
E	Nurse Practitioner Student Clinical Nurse Specialists-Educator;	\$248	N/A
F	Consultant, Administrator and Researcher	\$419	\$517
XII	Audiologist; Speech Language Pathologist	\$74	\$126
XIII	Dental Hygienists	\$56	\$234

XIV	Dental Assistant; Laboratory Aide; Nurses Aide; Geriatric Nursing Assistant; Nursing Assistant; Physical Therapy Aide; Other Healthcare Aide(Excluding Home Health Aides)	\$46	\$164
XV A	Social Worker Clinical	\$113	\$270
B	Psychotherapist	\$405	\$855
C	Alcohol/Drug Counselor Case Manager; Clinical/Rehabilitation Counselor; Pastoral Counselor; School Counselor	\$113	\$297
D	Marriage/Family Counselor	\$113	\$239
Counties: Cook, DuPage, Madison and St. Clair			
XVI A	Physician Assistant Class 1(see Rules)	\$4,356	\$4,356
B	Physician Assistant Class 2(see Rules)	\$5,445	\$5,445
C	Physician Assistant Class 3(see Rules)	\$6,534	\$6,534
D	Physician Assistant Student	\$140	N/A
E	Registered Radiologist Assistant	N/A	N/A
Remainder of			

**ACE AMERICAN INSURANCE COMPANY**

**Edition 6/2012**

Deleted: 2



**Healthcare and Allied Professional and Supplemental Liability**  
**Exception Pages: Illinois**

State			\$3,598	\$3,598
XVI A	Physician Assistant Class 1(see Rules)		\$4,498	\$4,498
B	Physician Assistant Class 2(see Rules)		\$5,397	\$5,397
C	Physician Assistant Class 3(see Rules)		\$140	N/A
D	Physician Assistant Student		N/A	N/A
E	Registered Radiologist Assistant			
XVII A	Acupuncturist		\$658	\$658
B	Acupuncturist Student		\$140	\$N/A

General Liability		
-------------------	--	--

**Healthcare and Allied Professional and Supplemental Liability  
Exception Pages: Illinois**

**State Exceptions.** Selected countrywide rules are amended as described below:

- I. Rule XI. EXTENDED REPORTING PERIOD COVERAGE (Claims Made Only) is amended by deleting paragraph H & I in their entirety and replacing paragraph I. with the following:

Deleted: Amended Rules

Deleted: ¶

I. Extended Reporting Period Factors -The factors in the following table shall be applied to the claims-made rate in effect at the beginning of the current policy period:

<u>Years of Prior Claims Made Coverage</u>	<u>Installment Unlimited Factors</u>			<u>Prepaid Unlimited Factors</u>
	<u>1</u>	<u>2</u>	<u>3</u>	
<u>1</u>	<u>.36</u>	<u>.34</u>	<u>.28</u>	<u>.92</u>
<u>2</u>	<u>.58</u>	<u>.55</u>	<u>.39</u>	<u>1.43</u>
<u>3</u>	<u>.67</u>	<u>.55</u>	<u>.59</u>	<u>1.70</u>
<u>4 or more</u>	<u>.84</u>	<u>.55</u>	<u>.59</u>	<u>1.87</u>

Any other option refer to company

- II. Rule XIX. Premium Installment plans for both Individuals and Entities is added as follows:

The following installment premium payment plans shall be offered:

1. For annual premiums up to and including \$80,000, a four-installment payment plan payable as follows:
  - a. an initial payment equal to 40% of the premium due at policy inception;
  - b. a second payment equal to 20% of the premium due 3 months from policy inception; and
  - c. a third payment equal to 20% of the premium due 6 months from policy inception.
  - d. a fourth payment equal to 20% of the premium due 9 months from the policy inception
2. For annual premiums in excess of \$80,000, a four-installment payment plan payable as follows:
  - a. an initial payment equal to 25% of the premium due at policy inception;
  - b. a second payment equal to 25% of the premium due 3 months from policy inception;
  - c. a third payment equal to 25% of the premium due 6 months from policy inception;
  - d. a fourth payment equal to 25% of the premium due 9 months from policy inception;

Additional premium resulting from changes to the policy shall be spread over the remaining installments, if any. If there are no remaining installments, additional premium resulting from changes to the policy shall be billed immediately as a separate transaction.

- JII. Rule XVI. Schedule Rating is amended by adding the following:

Deleted: ¶

Credits and debits shown below above are additive if more than one applies, they are subject to a maximum total credit or debit of 25% for all categories.

- V. Rule XVII RULES FOR INDIVIDUALS and Rule XVIII. RULES FOR LEGAL ENTITIES, is amended by deleting Paragraph A for both sections in their entirety and replacing it with the following:

A. The following are the base limits used for premium calculation. Availability of limits by specialty or state may be restricted by underwriting guidelines:

**Healthcare and Allied Professional and Supplemental Liability  
Exception Pages: Illinois**

<b>Coverage</b>	<b>Limits of Liability</b>	
Professional Liability	\$1,000,000 each claim	\$6,000,000 aggregate
Good Samaritan Liability	Included in PL limit above	
Personal Injury Liability	Included in PL limit above	
License Protection	\$ 25,000 per proceeding	\$ 25,000 aggregate
Defendant Expense Benefit	\$1,000 per day	\$ 25,000 aggregate
Deposition Representation	\$ 10,000 per incident	\$ 10,000 aggregate
Assault	\$ 25,000 per incident	\$ 25,000 aggregate
Medical Payments	\$ 25,000 per person	\$ 100,000 aggregate
First Aid		\$ 10,000 aggregate
Damage to Property of Others	\$ 10,000 per incident	\$ 10,000 aggregate
Personal Liability		\$1,000,000 aggregate

Deleted: General Liability ... [1]

Coverage for Certified Acts of Terrorism, as defined in the Terrorism Insurance Act of 2002, is included at no additional premium if General Liability is purchased.

VI. Rule **XVII RULES FOR INDIVIDUALS**, is amended at paragraph A by adding the following:

1. If General Liability is purchased, it is only available as a separate limit with a base limit of \$1,000,000 each claim and a \$1,000,000 aggregate limit for \$150.
2. When an Individual has several locations, and requests General Liability coverage, a \$50 charge per additional practice location will apply. This is not a separate limit of liability per location and will share in the limit of liability stated above.
3. When an Individual provides home healthcare, staffing or fitness, the annual rate will be 25% of the developed Professional Liability rate, subject to \$150 per policy minimum.
4. Other General Liability limits are available and associated with the following factors (which are with respect to the \$1M/\$1M rate).

Formatted: Indent: Left: 0 pt, Hanging: 49.5 pt

<b>Increased Limit</b>	<b>Increased Limit Factor</b>
\$1,000,000/\$1,000,000	1.00
\$1,000,000/\$2,000,000	1.13
\$1,000,000/\$3,000,000	1.21
\$1,000,000/\$4,000,000	1.28
\$1,000,000/\$5,000,000	1.33
\$1,000,000/\$6,000,000	1.37
\$1,000,000/\$7,000,000	1.39
\$1,000,000/\$8,000,000	1.40
\$2,000,000/\$4,000,000	1.98
\$2,000,000/\$5,000,000	2.00
\$2,000,000/\$6,000,000	2.01
\$2,000,000/\$7,000,000	2.02
\$2,000,000/\$8,000,000	2.03

The General Liability Limit can not be higher then the Professional Liability Limit.

VII. Rule **XVII RULES FOR Entities**, is amended at paragraph D by deleting subsection 1 in its entirety and replacing it with the following:

Formatted: Indent: Hanging: 76.5 pt

Deleted: 2

**Healthcare and Allied Professional and Supplemental Liability**  
**Exception Pages: Illinois**

1. If General Liability is purchased, it is only available as a separate limit with a base limit of \$1,000,000 each claim and a \$1,000,000 aggregate limit for \$150.

VIII. Rule XVIII. RULES FOR LEGAL ENTITIES is amended by deleting paragraph 3 in its entirety and replacing it with the following:

**3. Exposure Debits**

Debits will be added based on the presence of the following: The Maximum debit will be 35%

<u>Category</u>	<u>Debit</u>
<u>Registry/Staffing</u>	<u>A surcharge of 25% of developed premium before debits/credits will be added to Firms that provide staffing to other facilities, firms or locations.</u>
<u>Background check</u>	<u>A surcharge of 10% of developed premium before debits/credits will be added to Firms not performing background checks on their employees and independent contractors.</u>

**XIX. Rates**

A. All rates indicated below are for Professional Liability limits of \$1,000,000 each claim with a \$6,000,000 annual aggregate.

Deleted: Reserved for future use¶

Deleted: ¶  
II

Class			Employed	Self-Employed
I	A	Occupational Therapists; Occupational Therapy Assistant; Certified Occupational Therapy Assistant	\$71	\$198
	B	Respiratory Care Provider; Respiratory Therapist	\$84	\$281
	C	Respiratory Therapist Technician/Technologist; Chiropractic Assistant; Optometric Technician/Assistant; Podiatric Assistant	\$84	\$234
II		Art Therapist; Dance Therapist; Music Therapist; Recreation Therapist	\$84	\$281
III	A	LPN/LVN; Registered Nurse	\$88	\$270
	B	Dietician; Nutritionist	\$84	\$234
	C	Bio-medical Technician/Technologist; Blood Bank Technician/Technologist; Cardiology Technician/Technologist; Certified Lab Technician/Technologist; Certified Medical Assistant; Clinical Lab Technician/Technologist; Community Health Assistant; Community Health Technician/Technologist; Diagnostic Medical Sonographer; Dialysis Technician/Technologist; EEG Technician/Technologist; EKG Technician/Technologist; Electrologist Histologic; Technician/Technologist; Medical Assistant; Medical Laboratory Technician/Technologist; Medical Records Administrator; Medical Records Technician/Technologist; Medical Technician; Medical Technician/Technologist Assistant; Medical Technologist; Mental Retardation Workers; Nuclear Medical Technician/Technologist; Phlebotomist; Radiation Therapist; Radiology Technician/Technologist; Surgical Technician/Technologist; X-Ray Machine Operator	\$84	\$164
	D	Home Health Aid	\$84	\$90

Deleted: 2

**ACE AMERICAN INSURANCE COMPANY**

**Edition 6/2012**

**Healthcare and Allied Professional and Supplemental Liability  
Exception Pages: Illinois**

E	Clinical Nurse Specialist-No Prescriptive Authority	\$88	\$311
IV A	Pharmacist	\$131	\$351
B	Pharmacy Technician	\$84	\$164
C	Pedorthist	\$104	\$291
V	Circulation Tech; Perfusionist	\$140	\$281
VI A	Massage Therapist	\$140	\$164
B	Enterostomal Therapist; Orthopedic Assistant	\$164	\$281
VII A	Athletic Trainer	\$187	\$889
B	Exercise Physiologist; Fitness Professional; Health Educator; Kinesiologist; Certified Personal Trainer; Sports Medicine Instructor	\$140	\$162
VIII A	Paramedic	\$149	\$215
B	Basic/Intermediate Emergency Medical Technician	\$136	\$195
C	Volunteer Emergency Medical Technician	\$70	\$70
IX A	Physical Therapist; Rehabilitation Therapist; Kinesiotherapist; Sports Medicine Therapist; Corrective Therapist; Physical Therapist Assistant; Rehabilitation Assistant	\$148	\$420
B	Physical Therapist Assistant; Rehabilitation Assistant	\$75	\$211
X	No Specialties in this class	----	---
XI	Nurse Practitioners/Clinical Nurse Specialists		
A	Adult/Geriatric/Family Planning/Gynecology/Women's Health/Adult Oncology	\$645	\$796
B	Psychiatric	\$911	\$1,126
C	Pediatric/Neonatal/Family Practice/Acute Critical Care	\$1,178	\$1,455
D	Obstetrics/Gynecology/Perinatal/Acute Care Obstetrics	\$1,446	\$1,787
E	Nurse Practitioner Student Clinical Nurse Specialists-Educator;	\$248	N/A
F	Consultant, Administrator and Researcher	\$419	\$517
XII	Audiologist; Speech Language Pathologist	\$74	\$126
XIII	Dental Hygienists	\$56	\$234

XIV	Dental Assistant; Laboratory Aide; Nurses Aide; Geriatric Nursing Assistant; Nursing Assistant; Physical Therapy Aide; Other Healthcare Aide(Excluding Home Health Aides)	\$46	\$164
XV A	Social Worker Clinical	\$113	\$270
B	Psychotherapist	\$405	\$855
C	Alcohol/Drug Counselor Case Manager; Clinical/Rehabilitation Counselor; Pastoral Counselor; School Counselor	\$113	\$297
D	Marriage/Family Counselor	\$113	\$239
Counties: Cook, DuPage, Madison and St. Clair			
XVI A	Physician Assistant Class 1(see Rules)	\$4,356	\$4,356
B	Physician Assistant Class 2(see Rules)	\$5,445	\$5,445
C	Physician Assistant Class 3(see Rules)	\$6,534	\$6,534
D	Physician Assistant Student	\$140	N/A
E	Registered Radiologist Assistant	N/A	N/A
Remainder of State		\$3,598	\$3,598
XVI A	Physician Assistant Class 1(see Rules)	\$4,498	\$4,498
B	Physician Assistant Class 2(see Rules)	\$5,397	\$5,397
C	Physician Assistant Class 3(see Rules)	\$140	N/A
D	Physician Assistant Student	N/A	N/A
E	Registered Radiologist Assistant		

**ACE AMERICAN INSURANCE COMPANY**

**Edition 6/2012**

Deleted: 2

**Healthcare and Allied Professional and Supplemental Liability**  
**Exception Pages: Illinois**

XVII A	Acupuncturist	\$658	\$658
B	Acupuncturist Student	\$140	\$N/A

General Liability		
-------------------	--	--



**THIS ENDORSEMENT CHANGES YOUR POLICY. PLEASE READ IT CAREFULLY.**

Named Insured			Endorsement Number
Policy Symbol	Policy Number	Policy Period <b>to</b>	Effective Date
Issued By (Name of Insurance Company)			

This endorsement modifies insurance provided under the following:

**Health Care and Allied Professional and Supplemental Liability Policy (Claims-Made)**  
**Health Care and Allied Professional and Supplemental Liability Policy (Occurrence)**

**Part-Time or Semi-Retired Endorsement**

It is agreed that in consideration of a reduced premium, the "insured" listed below agrees to limit their "professional services" provided to the average weekly hours determined by "us" as commensurate with the premium reduction granted and set forth in the schedule below. The "insured" further agrees to provide "us" with evidence verifying the average weekly hours of "professional services" that the "insured" currently practices and will notify "us" immediately of any changes in this information.

"Insured"	Average weekly hours	Premium Adjustment

All other terms and conditions of this policy remain unchanged.

---

Authorized Representative